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Children's Residential Care Facilities

Proposed Standards and Guidelines



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Dear Friends:

In June of last year, I announced our plans to develop and establish a system of province-wide standards for children's services. The intention of this letter is to introduce two papers for consultation entitled Consultation Paper on Standards and Guidelines for Children's Services and Children's Residential Care Facilities: Proposed Standards and Guidelines. The first paper discusses the approach to standard setting and monitoring that we are proposing for children's services in Ontario. The second paper presents the standards and guidelines we are proposing for children's residential care facilities. I urge you to read both of them carefully. Both papers are necessarily lengthy since any statement of standards raises a number of issues of social policy - issues that need full and careful discussion. I personally wish to highlight some of these issues.

Children's services in Ontario have changed significantly during the past decade. These changes have reflected the rapidly expanding and increasingly complex nature of Canadian society. During this period, we have not had the opportunity to pause and re-examine our social policy goals and beliefs. Many of these beliefs have changed. For example, we are far less inclined to view institutional placement as an ideal form of care. Rather, our attitude today is one that regards the child's family and his or her community as the most important resources for meeting his or her needs. It is now time to re-examine the beliefs we have today and to state our values and goals for children's services.

In order to meet our goals of placing the maximum authority, responsibility and control over children's services in the hands of children's services committees responsible to local government, it is important that we at the provincial level clearly state the requirements for accountability that both levels of government should demand from those services they finance. Without these statements, we will have been remiss in our responsibilities to our municipal partners, to those agencies and people serving children and, most importantly, to the children whom we all serve. We are, with these statements, beginning to put our own house in order.

For added clarity and focus, I will summarize what I believe to be the major issues and concerns the papers address:

1. The approach to standard setting and monitoring. When taken together, the approach proposed has several important features. These are:
 - a) the use of a broadly based advisory group of professionals and lay persons in the development of the approach and of the standards;
 - b) the setting of objective, measurable standards based on the best existing knowledge and experience; compliance with these standards will be a condition for licensing;
 - c) the presentation of a set of guidelines to indicate what we believe to be preferred practices; compliance with these guidelines will not be a condition for licensing;
 - d) the underlying assumption that although children are in many different types of residential care settings, their basic needs are similar. Thus the proposed standards assume a basic set of criteria for all children's residential settings regardless of the legislation, plus a special additional set for special groups who provide special forms of care (e.g., secure care units). This approach, I believe, will make for consistency and for reduction in the fragmentation that is fostered by the various pieces of existing legislation. It will also allow us to eliminate a larger number of inconsistencies in current standards;
 - e) the assurance that standards and guidelines will apply to both government and privately run agencies;
 - f) a distinction based on agency size that exempts some agencies from certain standards that are clearly for larger agencies;
 - g) the setting of standards and guidelines in certain areas (e.g., programming) where they have not been articulated before but where we believe them to be critically necessary.

It is important to note that we have sought to limit the number of standards to only those areas and concerns that we believe are essential. We have chosen, in addition, to set forth a large number of guidelines, some of which many agencies are not meeting or could not meet, or in some cases, would choose not to meet. We believe, however, that it is essential that we indicate clearly what we believe optimum practice to be.

Finally, the approach to monitoring we are proposing has a number of attractive features:

- a) It does not create a government standards monitoring bureaucracy.
 - b) It makes maximum use of the experience and expertise of the private sector.
 - c) It actively encourages self-monitoring - a process at least as important as external monitoring.
2. Children's Rights. The second paper articulates ten rights that form the basis for five basic sets of residential care standards and guidelines. These rights are translated into clear and unambiguous standards designed to protect children in care and to ensure that their needs are met. I would draw your attention, in particular, to the issue of consent to treatment, which is raised in this section. We invite comment and discussion on this issue.
3. Organization and Management. The standards and guidelines in this section are not earth-shattering. The statements they make are discussed in most good textbooks on organization and management. The fact that they are stated here does underline our belief that there is a very real need to develop sound management practices at all levels of children's services - particularly when public funds are involved. Thus, we have proposed standards and guidelines that will assist in the development of common approaches to funding and budgeting, as well as helping prepare agencies to negotiate with local children's services committees. In the next short while we will be releasing a paper outlining a new approach to funding children's services that will complement these standards and guidelines.
4. Programming. Very few jurisdictions have enacted comprehensive standards and guidelines for children's residential care programming. This is surprising, since it is this area that constitutes the heart of what we are trying to accomplish - care for children that is fair and of high quality, and meets their needs. The features of this set that I would like to emphasize are:
- a) minimally acceptable practices for receiving the child into care, including the requirement for a pre-admission study;
 - b) the requirement that each child have a written individualized, time-limited plan of care;
 - c) protections for the child and agencies in the areas of discipline, punishment and control;
 - d) standards and guidelines designed to encourage family involvement in the plan of care for the child, unless this is not permitted or possible;
 - e) standards and guidelines to actively encourage the agency to make maximum use of the helping potential of the community;

- f) the introduction of the role of the prime worker for each child to provide a single point of accountability within the residential program for the child;
 - g) the introduction of the requirement of a grievance procedure through which a child can voice disagreements and problems in an appropriate way so that behaviour can be channelled away from outbursts caused by frustration and a sense of helplessness;
 - h) strict standards for case recording, documentation and reporting of such events as suspected child abuse;
 - i) strict controls over secure care and over the use of isolation;
 - j) standards and guidelines to set reasonable controls and limits on the uses of certain treatment strategies.
5. Human Resources. This section recognizes the fact that the most important factors in the delivery of residential services to children are the quality and competency of the worker dealing with the child. We are emphasizing the need to develop basic competencies in those who work directly with children - an approach that recognizes that it is not always the academic degree or the professional certification that alone makes an effective worker. In addition, it is in this section that we provide recognition of the importance of the volunteer in caring for children.
6. Community Integration. In this section it is recognized that this Ministry's commitment to a de-institutionalization and to the development of community-based resources brings with it the obligation to stress the importance of ensuring good working relationships between the agency and the community it serves. Unless an agency meets the standards and guidelines identified in the section, the only possible outcomes are mistrust, antagonism and ultimately the loss of community support for dealing with the child in his own community. Thus, in stressing the agency's accountability to its community, we are proposing substantial pre-licensing planning and documentation as well as suggested ongoing practices to ensure community acceptance.
7. Physical Plant and Residential Care. Standards and guidelines in this area address issues relating to the physical safety and well-being of the child. From work done elsewhere, from the recommendations of various inquests and from the collective expertise of our advisory and working committees come what we believe is a set of practices that will satisfactorily protect the child. Special features to which I would draw your attention are:

- a) the development of standards and guidelines that are uniform for all facilities having a similar nature regardless of their program affiliation (i.e. children's boarding homes, children's mental health centres, etc.);
- b) the development of a workable typology for classifying the facilities that recognizes the differences between large and small facilities for standards purposes;

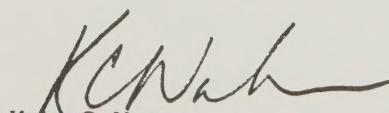
- c) the statement of guidelines that attempt to encourage flexibility and individualization of the design and use of facilities while at the same time ensuring adequate protection for the health, safety and well-being of the children served;
- d) the recognition that local communities have clear roles to play in ensuring the compatibility of facilities with local circumstances;
- e) a set of fire safety standards and guidelines that we believe satisfactorily address two major issues:
 - i) the need for compatibility with other legislation such as the Ontario Building Code;
 - ii) the need to specify practices that clearly reflect the conflicts between the standards and matters of cost and program impact.

Not all the issues in children's residential care are resolved in the paper, nor are all the arguments we have presented fully developed. Part of the reason for this is that our understanding of what works in the care of children is far from complete. However, from what we do know, it is possible to develop better policies and practices than we now have. The standards we are proposing for residential care represent what we believe to be expressions of fundamental values for the care of children. It is perhaps just as important to note that the setting of objective standards, particularly for programming, is an essential first step towards one of our major goals, that of determining which kind of program works best for which child.

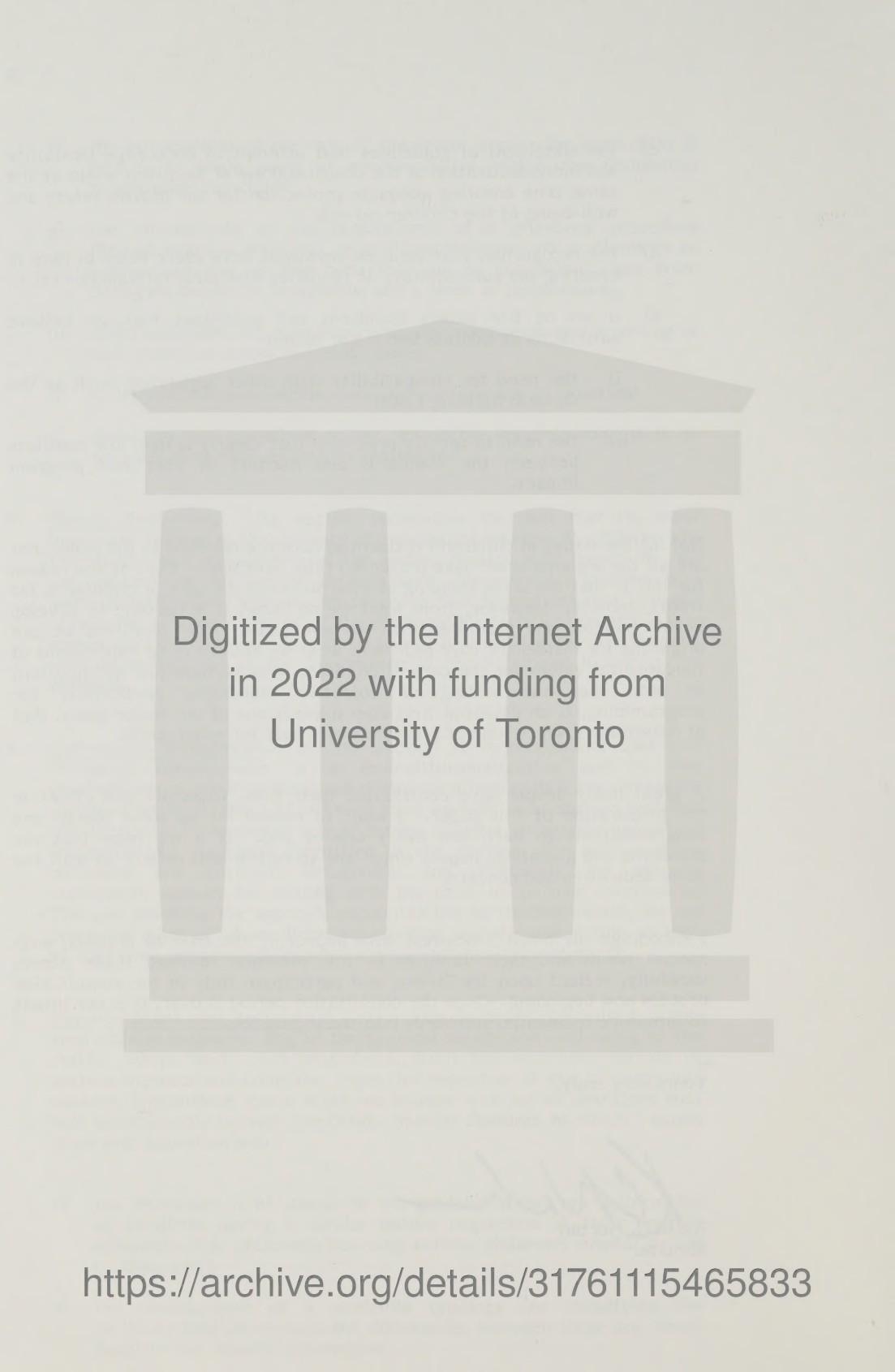
A great many people have contributed their time, expertise and effort to the preparation of this paper. I want to extend my personal thanks and congratulations to each and every one of you. It is my hope that the standards and guidelines papers which are to follow will reflect as well the same dedication and concern.

I encourage all those concerned with improving the care of children with special needs and their families in this province to read these papers carefully, reflect upon the issues, and participate fully in the consultation process now beginning. Once the consultation period is over, it is our intent to introduce residential standards into the legislation.

Yours very truly,



Keith C. Norton
Minister



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ACKNOWLEDGEMENTS

This paper presents for the purpose of consultation with organizations and individuals active in the children's services field a proposed set of standards and guidelines for residential children's services. The standards and guidelines were developed by the Children's Services Division of the Ministry of Community and Social Services in consultation with the Provincial Standards Development Advisory Committee, a task force appointed to advise the Division on standards issues, and working groups composed of persons active in and knowledgeable about child welfare, mental health, education and corrections.

The task of developing the standards and guidelines was a complex one, given both the range of residences and program types to be covered and the extent of the activities and procedures that needed to be considered.

Although an extensive effort was made to achieve consensus on the form and content of the standards and guidelines, they do not necessarily represent the opinions or policies of the organizations with which the working group members are affiliated, nor do they in every case represent the opinions of the individual members. Some controversial material upon which there was a clear lack of consensus was left in the draft standards and guidelines in the hope of stimulating feedback during the consultation process from those who will be most closely affected by them.

The Children's Services Division wishes to thank all involved for giving so very generously of their time, effort and experience. Their commitment surpassed all expectations.

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**CHILDREN'S RESIDENTIAL CARE FACILITIES:
PROPOSED STANDARDS AND GUIDELINES**

SEPTEMBER, 1978

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CHILDREN'S RESIDENTIAL CARE FACILITIES: PROPOSED STANDARDS AND GUIDELINES

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1. INTRODUCTION

Standard Setting Goal

The goal in setting standards for residential care is to ensure that all residential services for children with special needs in Ontario provide high-quality care for the children they serve.

The Unique Approach

The residential care standards and guidelines proposed in this paper represent a unique approach in terms not only of outlining both minimal standards and optimal guidelines, but also of the breadth of the concerns addressed. The standards and guidelines cover the following aspects of residential care:

1. rights for children in residential care facilities
2. organization and management of the facility
3. programming
4. human resources
5. integration of the facility within the community
6. the physical plant of the facility.

It was thought that each of these areas needed to be addressed to ensure the provision of high-quality residential care for children in Ontario with special needs.

Further, each set of standards has been developed in such a manner that the standards are applicable to the full range of residential facilities and programs for which the Children's Services Division of the Ministry of Community and Social Services has standard-setting responsibility. The proposed Children's Residential Services Act will establish a single statutory structure for the licensing of all operators that provide residential care for three or more unrelated children. More than 800 residences are involved, capable of providing care for some 12,000 children who range in age from infancy to late adolescence. The facilities affected range from foster group homes and small "parent-model" group homes to large institutions, and the programs from those providing basic care to those providing highly specialized services.

In reading the standards and guidelines, it should be kept in mind that the requirements set out in the standards and the desired activities described in the guidelines are intended to apply differentially across different types of residences. The requirements for record keeping, for example, will be far less extensive for a small group home than for a large institution providing a variety of complex programs. The staffing standards for residences with employed staff do not apply to family-operated group homes. The intention is to ensure a consistency of approach to a concern common to all residences providing residential care - high-quality care for the children they serve.

The overall philosophical basis for the provision of residential care is set out in the section on Children's Rights, while each of the five sections that follows sets out both minimal and optimal levels of care or performance. Brief commentaries accompany the major subsections to indicate why a particular area is considered important enough to warrant standards and/or guidelines.

The Development Process

The process chosen for the development of the standards and guidelines has these major elements:

- Preparatory staff work. Staff of the Standards and Information Systems Group of the Children's Services Division were assigned to the different standards areas. They reviewed in detail standards documents from other parts of Canada and the United States, and related literature, and prepared brief background papers to provide the basis for the development of the standards and guidelines for each specific area.
- Drafting of documents with working groups from the field. The Standards Group project leaders organized working groups, drawn from a wide range of persons in both the private sector and government, and experienced in and knowledgeable about the aspects of residential children's services under consideration, that met to draft the standards and guidelines for each area.
- Review of the draft documents. The proposed standards and guidelines were reviewed by the Provincial Standards Development Advisory Committee, a broad-based task force appointed to advise on both the residential care standards and subsequent sets of standards, and were then reviewed and given preliminary approval at senior levels of government.

- Public consultation. The standards and guidelines and a companion consultation paper discussing the need for standards and the approach taken in greater detail are being given wide distribution so that the children's services field will have an opportunity to study and comment on both the approach and the specific standards and guidelines. The consultation paper is summarized in Section 2, and the planned consultation process is described in Section 11.
- Revision prior to incorporation into regulations. Suggested changes in the residential care standards and guidelines will be reviewed by the Standards Group, and appropriate alterations will be made in the standards and guidelines before they are issued in final form. The standards will be brought into force by inclusion in the regulations issued under The Children's Residential Services Act once it is passed, and compliance with them will be required as a condition for acquiring a licence.

It should be stressed that the pre-consultation involvement of a wide range of persons working in the children's services field, or in related areas of concern, was crucial to the development of these standards and guidelines. The advisory task force and the working groups identified and struggled with a great many complex and controversial issues. While the majority of these issues were resolved by consensus, some issues remained areas of significant disagreement and are given special mention in Section 3. The Ministry hopes that the consultation process will assist in the resolution of these areas of disagreement.

2. SUMMARY OF THE CONSULTATION PAPER ON THE DEVELOPMENT OF STANDARDS AND GUIDELINES FOR CHILDREN'S SERVICES

The separate consultation paper on the approach being taken by the Children's Services Division to the development of standards and guidelines for children's services discusses in detail:

- the overall plan for the development of standards and guidelines
- the distinction between standards and guidelines and their related but differing purposes
- the proposed approach to monitoring compliance with the standards and attainment of the guidelines
- the proposed process for reviewing agencies' performance.

The Overall Plan

The present intention of the Division is to develop standards and related guidelines for the following areas of children's services in addition to residential care:

1. foster care
2. information systems and records management
3. non-residential casework
4. non-residential child care
5. day nurseries
6. diversion
7. program evaluation
8. special function programs.

Standards and guidelines for these functions will be developed over the coming year through the process described in Section 1, culminating in public consultation on the content of each set before the standards and guidelines are implemented.

Standards and Guidelines

Standards as defined in the consultation paper must specify the criteria against which the performance of persons, agencies, or programs will be measured, and thus provide the basis for holding them to account for their performance.

Standards must be expressed in precise, measurable terms. Standards for service delivery may address:

- the need for clearly defined descriptions of programs, and for consistency and congruence of the activities undertaken to deliver these programs
- a necessary minimum state or level of performance
- a desired state or level of performance.

Guidelines rather than standards may be set out for several reasons.

- Guidelines may be set out where standards cannot be expressed in precise, measurable terms, or measures could be defined but there is no universal agreement on values and practices
- Guidelines may be used to indicate a preferred practice that may become a standard when supporting performance measures are developed or professional consensus is reached on the best practice
- Guidelines may be used to indicate desired behaviour and interactions that cannot be thoroughly codified such as attitudes of affection, confidence, and trust
- Even where measures exist, guidelines may be used to allow greater flexibility than standards, as a means of encouraging program innovation and responsiveness to changing priorities.

To have meaning as accountability measures, standards must be derived from the best existing knowledge, based on agreed-upon definitions and precise, and they must be enforceable and enforced.

The standards and guidelines being developed for children's services in Ontario will serve several groups directly. They will provide protection for children receiving service and their families from capriciousness of the children's services delivery system itself. They will give service deliverers a clear specification of the standards they should be striving to meet, and the basis for determining gaps and needed improvements in their own services. They will also provide protection for those working with children and their families.

In addition, the standards and guidelines will serve the broader public interest in both general and specific ways. They will give service users and the general public assurance that the delivery system is continually working to raise its standards of care. Local authorities will have improved means for determining gaps, overlaps and needed improvements in the range of locally available services. Both local governments and the provincial Government will have a better basis for making decisions on funding service deliverers.

Standards developed for children's services in Ontario will take into account not only the general requirements for standards outlined above, but also the further conditions that:

- The term "standards" refers to the minimum acceptable levels of performance that will be required for receiving the delegation of provincial authority and responsibility and to the minimum acceptable means to be employed to achieve those levels.
- The standards must be consistent with both the Division principles and relevant statutes of other provincial ministries and the federal government.
- Discussion of cost implications must precede implementation of the standards.
- Compliance with them will be enforced through the various statutes of the Province of Ontario.

Guidelines will carry less rigorous provisions for measurability, and failure to comply with the guidelines will not in itself result in loss of authority. The guidelines should, however, be viewed as carrying moral force, and indicating the direction the Ministry wishes deliverers of service to take.

At the same time, care must be taken that efforts to ensure accountability for service and improve quality of care do not discourage initiative and innovation. The Ministry hopes that the process of further consultation with service deliverers on the standards and guidelines will show where the boundary between specific requirements for service and flexibility to develop new services and programs should lie.

The Proposed Approach

The standards and guidelines will establish the basis for an innovative approach to monitoring service delivery. The current approach to monitoring service delivery focusses on minimally acceptable standards of care. The standards and guidelines make it possible to assess service delivery on the basis of:

- Compliance with the standards. These will express the provincial commitment to ensuring that child care agencies meet minimally acceptable standards, and establish a minimum level of performance that will be required as a condition for operation of an agency.
- Attainment of the guidelines. These will recognize that many aspect of service delivery are hard to assess, but express the provincial commitment as well to establishing an ongoing process whereby the children's services delivery system continually examines and strives to improve itself.

The bulk of the material will be guidelines, and much of the proposed content of the guidelines will deal with the quality-of-service concerns that are usually addressed only by the accreditation processes conducted by professional associations.

Licensing will proceed on this basis:

- A licensing authority within the Division, which may also be the body with responsibility for the standards, will be empowered to license operators on the basis of compliance or non-compliance with the standards applicable to their services, but no other service delivery considerations. This provision is intended to ensure consistency in the criteria for licensing decisions.
- Authority and responsibility for licensing may be delegated to the four Regional Directors of the Children's Services Division.
- An agency seeking a licence or renewal of a licence will be required to demonstrate the minimally acceptable level of performance established by the standards applicable to its services.
- The Director or Directors responsible for licensing will have the power to exempt agencies from compliance with certain of the standards for periods of time to enable them to improve their performance to meet those standards.

Every agency will be reviewed at least once every three years to determine compliance with all the standards applicable to its services and on proof of compliance will be issued a licence valid for one year on this basis. The licence will normally be issued annually for the two succeeding years before the next review, on proof of continued compliance with the standards and other provincial and municipal requirements relating to health and safety and receipt of any annual documentation specifically requested in the standards.

A review request procedure will, however, allow for reviews within the normal time period. An agency may request an earlier review as a demonstration of or check on needed improvements. Agencies may be requested by the funder or the Division to undergo more frequent reviews because of concerns raised by the Division standards consultants, the special or innovative nature of their programming, or changes in their operations (e.g., changes in program, staffing patterns or use of space, transfer of ownership).

An agency denied a licence or licence renewal by the licensing authority, or issued a licence on terms and conditions that it regards as unacceptable, may appeal the decision. The agency may first appeal the decision to the Children's Services Review Board, a body that will become responsible under the proposed legislation for hearing appeals of licensing decisions under the new Children's Residential Services Act, The Child Welfare Act and The Day Nurseries Act. The agency or any other party affected by the Board's decision may further appeal to the Divisional Court of the High Court of Justice for Ontario, which hears appeals from decisions of administrative tribunals.

It should be emphasized that in fairness to those whose special needs for service should be met, issuance of a licence to an agency must not and will not guarantee the agency funding. Nor will an agency be funded unless it is licensed. The new children's services legislation separates the licensing and funding functions. This makes it possible to fund agencies on the basis of providing an acceptable level of service and to determine funding priorities on the basis of need.

The Review Process

To fulfill the Ministry's responsibility for ensuring high-quality care, the standards authority within the Children's Services Division will establish a review process to monitor agencies' performance with the dual aims of determining compliance with the minimally acceptable levels of performance required by the standards, for the purpose of licensing, and encouraging attainment of the optimal levels of performance defined by the related guidelines. The review of agencies' performance will be reinforced by guidance from reviewers to agencies on the findings and strong consultative support from the Division. Between reviews, Division consultants will provide ongoing monitoring of agencies' performance and support to agencies in reaching the desired levels of performance against the guidelines and, where necessary, the standards.

The Division recognizes that the proposed review process must be introduced with sensitivity to the interests of those who will be affected. The effectiveness of the review in improving agencies' performance with respect to the guidelines depends on agencies understanding that this portion of the review, as opposed to the compulsory monitoring of standards compliance, will be advisory and consultative in nature, and granting the guidelines review entry on this basis. Moreover, the rights of the agencies being reviewed and of the persons who will be interviewed in the course of the review and asked to provide potentially damaging information must be protected. For these reasons, participation in the review of adherence to the guidelines will be voluntary, and agencies may be asked to sign a form of consent to the guidelines review on applying to a prospective funder for funding. The reviewers may also be asked to sign a pledge of confidentiality similar to the civil service oath on confidentiality.

Staff at Division headquarters will develop manuals for use in the review. Manuals to be provided to agencies in advance of the review will include detailed checklists of the performance indicators in the standards and guidelines applicable to their services, and enable agencies to assess their own performance against the standards and guidelines before the review takes place. Reviewers will be provided with manuals that similarly detail the indicators and the procedures to be followed in obtaining and recording the required information.

In addition, the centrally located staff will also develop the methodology for processes of team review of agency performance and subsequent feedback from the reviewers to agencies on the findings and the ways in which they can improve their performance. They will also provide or arrange for training of reviewers in the use of the manuals and the processes of team review and feedback.

Staff in the regional offices will co-ordinate the reviews, determining the appropriate composition of the review team for a given agency in accordance with provincial guidelines, arranging for and/or approving proposed members of the review team, and appointing a team leader with program-related expertise. They will provide guidance to agencies as well on the use of the self-assessment manuals and support in apply the findings of the reviews.

Care will be taken to minimize disruption of agencies' activities. Most agencies will be reviewed only once every three years. The reviews of compliance with standards and adherence to guidelines will be carried out by a single review team including:

- a person or persons who will make recommendations to the licensing authority with respect to issuance or renewal of a licence for the renewed agency
- guidelines-oriented reviewers who may vary in focus of interest, expertise and number according to the size of the agency being reviewed and the kinds of programs the agency offers.

In most cases, the review team will have only three members including at least one peer and both local and non-local representation to ensure knowledge of local conditions as well as the way comparable agencies function elsewhere. The team will typically include one person from a non-local agency providing a similar service, who should bring to the review the necessary understanding of the problems of providing that service, one program-related specialist, who would serve as team leader and might be a Division consultant, and one citizen, who might be a member of a voluntary organization. For larger agencies and/or those offering complex programming, the review team might be expanded to include additional professional representatives as appropriate and consumer representation.

The persons carrying out the review, and particularly the reviewers providing comparable services, should gain new knowledge and insights that can be applied to their own activities. To minimize the cost of conducting the reviews, and in light of the benefits to be gained from assisting in them, agencies will be asked to dedicate a portion of staff time to the reviews. The Division will require that funders ask agencies during annual funding negotiations to make a certain amount of staff time available, depending on agency size, to a pool from which reviewers will be drawn. Agency participants (and others) will be reimbursed for reasonable expenses incurred while travelling to and from and taking part in reviews, but will not receive a per diem.

It should be stressed that advance preparation of both agencies and reviewers will save time during the review. Six months in advance, the regional office responsible for arranging the review will provide an agency to be reviewed with a self-assessment manual and information-gathering materials to be filled in before the review, and a standards consultant will guide the agency in their use. Information thus gathered will include documentation on the agency's organization, financing, programs and staffing and certificates of compliance with the standards and other provincial and municipal requirements relating to fire safety and health.

On the basis of the preliminary information from the agency, the same office will arrange for the review, appointing a team and leader, and the central standards office will provide or arrange for the training of the team. This preliminary information will also provide the team leader with the basis for deciding how the review should be organized. The leader will so advise the others on the team in writing in advance of the review.

The provincial guidelines on composition of the review team should ensure balance on the team. However, an agency to be reviewed will have the option of requesting the specific exclusion from the team of potential or proposed reviewers who are committed to a different programming approach or have otherwise demonstrated bias against the agency.

The review will be conducted in two stages. The first stage of the review will be devoted to information gathering in the agency, with appropriate safeguards on confidentiality of information. Using the review manuals, the team will review supplementary documentation and conduct interviews with:

- staff of the agency
- the board of the agency
- the local Children's Aid Society and/or other referral agencies
- clients of the agency (i.e., parents or children)
- contract professionals
- the local school and other community resources used by the agency
- bodies coordinating support services (e.g., the district health council, social planning council).

In the second stage of the review, the team will assess its findings, and give the agency feedback on the findings. The team will move from specific to general findings to arrive at a judgement about the overall performance of the agency. It will share its general findings with respect to both standards and guidelines with the agency before it develops its formal report. This formal report will be in two parts:

- a standards report to be written by the standards reviewer(s) that contains a standard-by-standard audit and a clear recommendation for: issuance or renewal of a licence; issuance or renewal of a licence on a provisional time-limited basis; issuance or renewal of a licence with conditions; or, denial of a licence. The report will be retained by the Ministry, by the agency and by the Local Children's Services Committee.
- a guidelines report that will become the property of the agency, to be released only at the discretion of the agency, and will be presented to the agency with guidance on how to apply the findings.

3. ISSUES DESERVING SPECIAL ATTENTION

The processes of drafting the proposed residential care standards and guidelines with the working groups and reviewing the drafts with the Provincial Standards Development Advisory Committee identified many differences of opinion over specific provisions being proposed. As indicated in the introduction, the majority of the disagreements were resolved by consensus. The decision was taken in other instances to propose a standard or guideline in a form acceptable to a majority of the group or groups concerned, in recognition that an important issue could not be neglected simply because it was difficult to resolve. The issues raised by the standards and guidelines development effort that deserve special attention from the field may be broadly categorized as the following:

- legal rights
- privacy and confidentiality
- agency autonomy
- the volume of paperwork

Legal Rights

Any attempt to stipulate rights for children will necessarily involve some redefinition of social relationships, thus creating many potentially controversial issues. Among the most contentious issues raised by this paper are the following:

- access by children and/or parents to certain case or clinical records
- a child's right to refuse treatment
- specification of an age of consent for children and the need for continued parent involvement.

These issues are being seriously considered by both the Ministry of Community and Social Services and other ministries of the provincial government. Involvement of both the children's services field and the community at large is needed in the resolution of these issues.

Privacy and Confidentiality of Records

The standards proposed require that certain records be forwarded to the Ministry for the purposes of determining compliance with the standards and improving information regarding the client population served by the children's services delivery system as a whole. The increased requirements for client-related information exacerbate the traditional problems of ensuring privacy and confidentiality of records. Among the issues requiring clarification and policy decisions are:

- the utilization and storage of records when a child reaches the age of majority
- records storage and maintenance schedules
- at what times and in what circumstances records are to be destroyed
- the disposition of records following the termination of a program or closing of an agency.

A task force on disclosure of case information is currently reviewing the policies and procedures relating to case records. The resulting report will need to be considered in relation to the implementation of the proposed Organization and Management and Programming standards concerning client case records.

Agency Autonomy

The proposed standards and guidelines state much more clearly and more extensively than in the past performance requirements for publicly funded agencies. It is the position of the Ministry that this effort is warranted by the need for greater accountability of the agencies to elected representatives of the people of this province in order to ensure children's services of the highest quality.

Standards to which attention should be drawn, insofar as they will require modification of some agencies' current practices, include those requiring:

- the requirement for a community-based governing body or advisory board for all agencies operating children's residences

- the reporting of all placements, including private placements, in children's residences to the Ministry
- a probationary period for employees of children's residences
- submission of annual financial reports for all children's residences to the Ministry
- Ministry approval of programs and treatment strategies that do not comply with Programming standards.

The intention in setting out these requirements is to provide for the safety of the children in care, financial accountability, protection of employees, and increased public scrutiny of and community involvement in children's residential services in Ontario.

The Volume of Paperwork

Appendix B contains a listed summary of the written documentation called for by the proposed standards and guidelines. While the proposed standards and guidelines reflect a conscious attempt to be sensitive to the issue of increasing paperwork, it must be acknowledged that they call for more written documentation than is currently the practice of many operators. As in many areas, the line between ensuring a minimum level of accountability on the one hand and allowing for flexibility on the other is a fine one indeed. The approach in the standards and guidelines has been an attempt to strike a balance between these two ends. However, the balancing point can be difficult to establish, and it is expected that valid arguments can and will be made that the proposed requirements have gone too far to one side or the other.

The following considerations were advanced by those who dealt with the paperwork burden issue during the drafting stages, and should be kept in mind by persons in the field:

- Many of the documentation requirements are "one shot" in nature, or require only periodic updating.
- Some of the written documentation lists appear quite long, especially for small operators. However, it should be recognized that many writing requirements will not apply to such operators, or will require only very brief statements.
- Several of the documentation requirements are in keeping with generally accepted current practices (for example, case records).
- In the long run, written documentation can actually decrease the workload in some areas by establishing clarity and preventing confusion.

- In some key areas, from administration manuals to program plans, the mere act of writing and documentation can serve several purposes:
 - a) establish the line of accountability
 - b) enhance communication
 - c) contribute to consistency
 - d) allow the writer to organize his or her own thoughts and identify issues that may otherwise have been overlooked.

The Ministry is particularly interested in receiving feedback on these issues.

4. HOW TO READ THE STANDARDS AND GUIDELINES

The standards and guidelines are presented in a uniform format with a numbering system intended to facilitate cross-referencing.

General Organization

Each set of standards and guidelines is preceded by a discussion of the goal and underlying principles of, and the rationale for, standard setting for a particular element in residential care.

Each set is divided into major topic areas. For example, the Organization and Management topic areas are:

- Statement of Purpose
- Governing Body
- Administrative Practices and Procedures
- Personnel Practices and Records
- Record Keeping
- Insurance
- Public Relations.

The material in each of the major topic areas is presented as follows:

- a commentary on the content of the standards and guidelines for the topic area
- the proposed standards and guidelines
- discussion of the effect of the standards and guidelines and their compatibility with current children's services legislation.

Numbering System

The standards and guidelines are further divided into sub-topics, each of which is assigned a number. The sub-topic numbers run consecutively throughout all major topics. For example:

- OM-01 is assigned to Statement of Purpose, the only sub-topic in that topic area.
- Governing Body has several sub-topics, numbered consecutively:
 - OM-02 Governing Body and Advisory Board
 - OM-03 Duties and Responsibilities of Governing Body
 - OM-04 Duties and Responsibilities of Advisory Board, and so on.
- The concluding topic, Public Relations, is subdivided into:
 - OM-27 Public Relations Policy
 - OM-28 Answering Inquiries.

The standards and guidelines are then assigned decimal numbers according to each sub-topic, running consecutively within each sub-topic. For example, OM-12 - Daily Log contains two Standards (OMS-12.1 and OMS-12.2) and two Guidelines (OMG-12.1 and OMG-12.2.)

"Standards" and "Guidelines"

As discussed in previous sections:

- "Standards" are considered mandatory conditions for licensing.
- "Guidelines" describe desired levels of performance.

Glossary of Terms

Terms related to record keeping and management, and program-related terms that are used in a specific sense in this paper or may be unfamiliar to persons not engaged in child care work, are defined in a glossary presented as Appendix A, and are indicated in the text by an asterisk (*).

Cross-Referencing

References within a given set of standards and guidelines are referred to by number, for example (SEE: OMG-06.3).

References to other sets of standards and guidelines are by name, for example (SEE: PROGRAMMING).

Requirements for Documentation

A summary of all documentation required by the standards appears in Appendix B.

Acts and Codes Cited

A list of acts and codes of the Government of Ontario and the Government of Canada and information about where to obtain them is contained in Appendix C.

Bibliography

A bibliography is included at the end of each set of standards and guidelines.

In addition, Appendix D contains a list of the standards from other jurisdictions that were used as primary sources for the proposed standards and guidelines.

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5. RIGHTS IN CHILDREN'S RESIDENTIAL CARE FACILITIES

The purpose of this chapter is to provide a philosophical framework within which standards and guidelines for children's residential care facilities might be developed. The statement of rights that follows stems from the belief that the guaranteeing of certain rights to children is a means of enhancing or reinforcing existing commonly held values, and thereby strengthening the community. Sensitive and mature use of the rights proposed will both ensure a more effective protection of children and promote the development of those children into responsible adults.

A "right" may be defined, quite simply, as something to which one is entitled. A "right" is generally viewed as being necessary to one's well-being either as a human being or as a citizen of a state. However, each person's perception of his or her rights would undoubtedly be different since the principles that are usually claimed as rights fall into several overlapping categories. People enjoy a number of either procedural or substantive rights that may be guaranteed either by statute or by custom. An example of a procedural right is the right to a fair trial, while an example of a substantive right is the right to non-discriminatory hiring practices. Some rights are expressed positively (such as the Ontario Human Rights Code) and some negatively or by assumption (such as the "right" to be free from physical assault implied in the Criminal Code of Canada). Many lists of rights include those things required to sustain life, such as food, shelter and clothing, while other lists address less tangible items such as freedom of speech and of conscience.

If one were to search for the most fundamental rights that all people share, one would arrive at a series of assumptions upon which society is premised. The most basic of these assumptions is that all members of society must be accorded equal respect. This is the one right from which all the others flow. It is also the primary assumption upon which the proper functioning of people's daily lives and of society as a whole depends.

Secondly, the freedom or liberty of the individual is valued highly in our society. Some would say there is a "right" to be free. This does not mean however, that one is free to do what one will to one's neighbours. Rather, personal freedom is balanced with respect for the harmonious functioning of society as a whole. Individual liberty is important, but a concern for the other members of society as having an equal interest in their own liberty is more important. The implicit balancing that operates in the social relationships of society as a whole is also a fundamental element in the proposed approach to rights for children in residential care.

Children should be treated with equal respect in society. This does not mean that children should always be treated as the "equals" of older members of the community. Biological and economic factors prohibit such an abandonment of children to their own devices. Few children have been instrumental in the Children's Rights Movement! Of necessity, it is adults who have defined and then must protect children's "rights". (However, it is important to note that many of those adults who have defined children's rights have chosen as the child's most important right, the right to be part of the decision-making process as much as is possible.) The guaranteeing of certain rights for children should not be viewed as a way of giving children absolute power, but rather as a way of ensuring that children are respected as equal members of society and are taught in turn to consider others as equals. The notion of equal consideration is a recurring theme in this paper.

This Ministry is currently engaged in several projects designed to develop those broad principles of children's "rights" that will form the basis of future legislation. Much of the work on these projects involves attempts to define, in broad terms, the relative rights and obligations of children, parents, substitute parents, child-caring agencies and government. It is this broad statement of rights and obligations that will form the basis for future legislation. The Consultation Paper on Short Term Legislative Amendments included a chapter on Children's Rights that evoked considerable comment and discussion. Many of the principles discussed in that paper, as well as much of the response to it, are reflected in the following statement of rights for children in residential care. An attempt has been made to design an exhaustive, generic classification of rights that ought to be enjoyed by all children living in government-operated, funded or licensed residences.

In many cases it has been difficult to distinguish when a matter should be addressed under the heading of Children's Rights or another standards grouping. This is because, in its broadest sense, the writing of all standards for children's residential care is a way of protecting the rights of children. This section on children's rights outlines the minimum protections to which children are entitled. Subsequent standards sections describe how these protections should be reflected in direct child care practice. How those protections are then implemented depends both upon the sensitive application of all residential care standards by understanding and caring child care professionals and upon the monitoring and enforcement of those standards by the various levels of government.

Goal in Articulating the Rights of Children in Care

To guarantee, to every child placed in a licensed residential care facility in Ontario, the enjoyment of those fundamental human rights which should be shared by all children in Ontario and some additional protections that must be provided for those children with special needs who have been removed from the care of their families.

Rationale

Many children necessarily have a dependent relationship with the adult members of society. By virtue of their age and lack of life experience, these children often do not know how to speak or what to say on their own behalf. While adults are expected to exercise personal initiative in ensuring that they receive the benefit of many generally accepted human rights, most children are not able to similarly protect themselves. This means that society must provide special protections to specifically safeguard children's basic human rights.

An additional onus is placed upon society to provide even greater safeguards for those children placed in the care of the state. Whenever children are removed from the care of their families, either as a voluntary choice of the family or by way of state intervention, the state "holds" those children in trust. In legal terms, the state owes the children in its care, and their parents, an "extra duty of care".

Ontario has developed a highly sophisticated and complicated children's services delivery system. This system, while conferring many benefits, is also open to abuse. A series of checks and balances must be built into the delivery system to protect the children within that system. The implementation of the children's rights concepts that are proposed here will be one way to hold that system more accountable for the well-being of the child.

Principles

The desire to write standards, focussing upon children's rights, for residential care facilities is based upon four principles:

1. Fairness and Humanity: Children must receive special protection because of their dependent nature.
2. High-Quality Care: Whenever the state assumes responsibility for the direct care of a child, that child must receive the highest quality care possible within existing levels of funding.
3. Accountability: The implementation of certain children's rights concepts is one way of holding service deliverers accountable for the care of children within the children's services delivery system.
4. Involvement in Decision Making: The proposed approach to the implementation of children's rights concepts within the residential care setting is based upon a belief in the child's right to be heard and involved, to the greatest extent possible, in any decisions affecting his or her life.

STATEMENT OF RIGHTS FOR CHILDREN IN LICENSED CHILDREN'S RESIDENCES

This section presents a statement of rights to which every child placed in a licensed children's residence should be entitled. Each of these principles serves as the foundation of, and reason for, subsequent standards sections. Thus the specific applications of these rights will be found throughout the entire paper.

1. Every child has the right to access to Ontario's children's residences free from discrimination on the basis of race, religion and ethnic origin.
2. Every child has the right to live in clean, safe surroundings.
3. Every child has the right to receive adequate and appropriate food, clothing and housing.
4. Every child has the right to receive adequate and appropriate medical care.
5. Every child has the right to be free from physical abuse and inhumane treatment.
6. Every child has the right to receive appropriate and reasonable adult guidance, support and supervision.
7. Every child has the right to receive an educational program.
8. Every child has the right to enjoy freedom of thought and of conscience.
9. Every child has the right to reasonable enjoyment of privacy.
10. Every child has the right to have his or her opinions heard and to be included, to the greatest extent possible, when any decisions are being made affecting his or her life.

DISCUSSION OF PRINCIPLES

Principle

1. Every child has the right to access to Ontario's children's residences free from discrimination on the basis of race, religion, and ethnic origin.

Commentary

The social resources of Ontario exist for the benefit of all the people of the province. This means that the service provided by the children's residential care facilities in Ontario must be equally available to all children in Ontario. It is important that no child identified as needing the specialized care of our residential facilities be denied that care because of race, religion or ethnic origin. Acceptance of this principle as desirable places a high burden upon provincial and local governments and upon service providers. It means that both levels of government must continue to strive to provide a range of resources suitable to the unique needs of all children in the province. It also means that service providers cannot refuse to accept a child who is in need of care or treatment because of the factors listed above.

It is proposed therefore that no children's residence be permitted to discriminate in its admission policy on the basis of race, religion or ethnic origin. Exclusion on the basis of sex and language is not included in this list because of the necessity (in some programs*) of separating children according to these factors. However, this is an instance where an onus is placed on both levels of government, as funders of social services, to ensure both that adequate programming exists for children of each sex and of major linguistic groups and that unjustifiable or inappropriate exclusion on either factor does not take place.

The Ministry is concerned that the application of the principle of non-discriminatory admission policies not eliminate valuable programs designed to serve the unique cultural and religious needs of certain citizens of Ontario. Ontario's cultural diversity is to be valued and those groups who want to preserve their cultural or religious identity should be supported. Thus, programs may be established and offered in which essential components are a particular religious faith or culture. Such programs would obviously be more logical settings for children who have been raised within such a faith or culture. However, no child should be obligated to attend such a program solely on the basis of his or her religion or cultural heritage.

Placement in a residential facility should be determined according to much broader criteria than simply religion or culture of origin. This principle is not designed to prevent flexibility and variety for those who wish it. Rather, it is primarily intended to prevent any child from suffering due to lack of needed services. Thus, any residence that does define its program according to religious or cultural identity should not be able to refuse entry into the program to a child who does not meet these criteria and for whom there is no available alternative placement.

The attempt to balance non-discriminatory admission policies with protection of cultural and religious identity was the most difficult issue dealt with by the Children's Rights working group. Comments and recommendations on this matter from both service providers and members of the public will be received with great interest.

The issue of access to children's residences may be viewed in a broader context than that of non-discriminatory admission policies. The Ministry is aware that the most serious obstacle to access to residential care facilities for children in Ontario has been geographic location. Ontario is a geographically vast province with the bulk of its population concentrated in certain areas. This has meant that areas with low population densities have not always received the range of resources available to areas with high population densities. One of the goals of the Ministry's recently released Program Priorities paper is the elimination of such regional disparities.

When the goal of equal access to residential care is viewed in combination with the belief that children are better served in their own communities, the logical consequence is a need to attempt to provide a broad range of resources in each community. While one must continually strive to equalize the placement of residential care facilities throughout Ontario, certain resources, due to their specialized nature and low incidence of demand, cannot be spread equally throughout the province. Thus, the Ministry is determining which unique resources are ones that should be considered provincial resources available to any child in Ontario, regardless of geographic location of residence.

Principle

2. Every child has the right to live in clean, safe surroundings.

Commentary

There are certain basic physical conditions that must be provided in the life of a child to ensure his or her proper development. Among these conditions are clean, safe surroundings that are free from the possibility of traumatic injury and disease. This is an important requirement and one that we believe should be guaranteed to all children placed in the care of residential facilities.

Ontario is fortunate to enjoy high community standards of public health. Several of its children's residential care statutes already create specific obligations upon service providers to comply with municipal or provincial minimum health and safety standards. The section in this paper dealing with physical plant standards will define how all residential care facilities will be expected to provide "clean, safe surroundings" for children.

Principle

3. Every child has the right to adequate and appropriate food, clothing, and housing.

Commentary

Complementing the right to live in clean, safe surroundings is the right of every child to receive adequate and appropriate food, clothing and housing. These three items are also necessary to healthy child development.

Any child placed in a children's residence should be entitled not just to adequate food, clothing and housing, but also to appropriate food, clothing and housing. Once a child is removed from his or her family, those who become responsible for his or her care have an obligation, not simply to sustain the child, but rather to nurture the child compassionately according to his or her individual needs.

As with a child's right to live in clean, safe surroundings, the right to adequate and appropriate food, clothing and housing will be further elaborated in the sections on program and physical plant standards.

Principle

4. Every child has the right to receive adequate and appropriate medical care.

Commentary

Most people would consider the statement that a child has a right to receive adequate and appropriate medical care so fundamental as not to require any persuasive argument in its favour. This principle, like the preceding two rights, is so necessary to a happy, healthy childhood that it must be included in the proposed statement of principles. Medical care is used in its broadest definitional sense in this section and is not restricted to care or treatment which is strictly physical.

The question of medical care for children raises a further issue in addition to the child's right to receive treatment. A matter of great concern to child care professionals is the capacity or legal ability of a child to consent to any proposed treatment. This is a subject about which there is much public confusion. A regulation to the Ontario Public Hospitals Act specifically permits 16 and 17-year-olds to give a valid consent to treatment performed in a public hospital. However, recent Ontario case law would indicate that the criterion for determining legal capacity in an adult (i.e. the ability to understand and appreciate both the nature of an act and the consequences of granting or withholding consent) may be successfully applied to children of unspecified age to permit them to give their own consent to treatment. Added to the ambiguity surrounding a child's ability to give consent is uncertainty over the role of a parent when a child may be willing, and able, to participate in the decision to receive treatment.

To clarify this confusion, it is proposed that the age of a valid legal consent to treatment in children's residential care facilities be set at 16 years of age. After this age only the child's consent would be required. However, the Ministry suggests that the child's parents or guardian be involved and consulted if possible. The age group from 12 to 15 years is the subject of great controversy with respect to the issue of consent. Many people would like to see the age of consent set as low as 12 years. While a child of this age should be actively consulted and involved in any treatment plans for him or herself, it is also important that the very real interest of the child's parent not be foreclosed. Thus it is proposed that a parent's consent be required for any treatment of a child up to the age of 16. However, it is proposed that the child be included in the formation of that decision and have the right to use a grievance procedure* if he or she objects to the treatment. In this case, it is expected that the child would file the grievance after the treatment had begun or the decision to apply the treatment had been made. It is possible that the grievance process could result in the treatment not being given to the child. The Ministry is interested in the concept of the "emancipated minor" followed by several American jurisdictions. The possibility is being investigated of permitting certain children in the 12 to 16 age range to give independent legal consent should they meet certain criteria. It has been suggested that this approach does not resolve the uncertainty of the children's consent issue, but that the choice of an arbitrary age, such as 16, does. Comment is invited on this difficult issue. Children under the age of 12 years, would continue to require parental consent. These children, again, should be included, where possible, in the decision to consent.

Since these proposals for change are legislatively restricted to those programs within the scope of this Ministry, the suggestion to set the age of consent for medical treatment to 16 will have limited application. The Ministry would like child care professionals to comment upon this proposal and to consider the desirability of applying this standard throughout the community as a whole.

A child's informal consent or agreement to treatment is something that most practitioners require as a necessary prerequisite to that treatment. Such preliminary negotiations are to be encouraged. Where proposed medical treatment is to be given to a child outside the residential care facility, child care staff should have a specific obligation to discuss the proposed treatment with the child. This should be done regardless of the age of the child. The proposed procedure and its implications should be fully explained in language suitable to the age and understanding of the particular child. Most child care staff already perform this function, and have found that such situations provide excellent opportunities to teach children how to make informed and mature decisions about their lives.

Principle

5. Every child has the right to be free from physical abuse and inhumane treatment.

Commentary

The right of any person to be free from physical abuse and inhumane treatment is highly valued by our society. This is because the harmonious functioning of society depends upon each person's ability to balance personal freedom with a consideration for the freedom of others. One of the most effective ways to accomplish this balancing of individual liberties is by respecting the physical integrity of one's neighbours. In addition, this right reflects those notions of charity and compassion inherent in this culture.

The right to be free from physical abuse and inhumane treatment is protected by law. The Criminal Code of Canada provides penalties for assault, murder and other intrusions upon a person's physical integrity. Sanctions against cruelty to or ill-treatment of children may be found in The Child Welfare Act, R.S.O. 1970, C.64. Although the application of these sanctions extends to all residential care facilities, once having assumed the care of a child, both government and service providers have a special obligation to make sure that those children are not abused while in the residential facility. Proper staff selection and the fostering of good working conditions can help to eliminate the incidence of abuse of children by staff. Government also has a duty to ensure that children are not abused in the name of treatment or discipline by well-intentioned child care professionals.

The Ministry proposes to prohibit the use of force by staff against the children entrusted to their care. There should be only two exceptions to this general rule. First, a reasonable degree of force should be permitted to restrain a child who is causing serious harm to him or herself or others. This would include those cases where a staff member was required to act in self-protection. Secondly, a reasonable degree of force would also be allowed where it constituted a necessary part of a treatment program executed according to the specific review and monitoring procedures described below. The Ministry's proposed prohibition against the use of force by child care professionals is a limitation on the existing permission, found in Section 43 of The Criminal Code of Canada, to use "reasonable force by way of correction" of a child in care.

There are several reasons for proposing this limitation. First, tolerance of the use of force against children, and the individual interpretations of what constitutes reasonable force, may allow many abuses to go undetected. Secondly, many of the children placed in care come from physically violent family settings. The personal difficulties they have experienced may have manifested themselves in physically violent acts. The use of force by child care staff, as a disciplinary measure against these children, only serves to reinforce such violent behaviour. Instead of teaching children to use more socially acceptable ways of expressing anger or frustration, staff show them that violence is an appropriate response to these feelings. Child care professionals should set, through their actions, the example that children in care * are to follow.

Finally, it is believed that the non-violent forms of discipline * or control * are most effective and long-lasting. The use of force as a disciplinary measure may produce an immediate desired response, but it may also create a climate of fear that is not conducive to the development of mature decision making in children. The use of non-violent forms of behaviour control requires rational planning and patient persistence. Appropriate alternatives to force will be explored in the section on program standards.

There are occasions when staff must intervene quickly and with force to prevent a child from hurting him or herself or others. This kind of intervention by staff is necessary, and staff are encouraged to improve their emergency behaviour control techniques. In many programs there is at present a requirement that incident reports be completed whenever such emergency physical intervention occurs. This practice should continue and be extended to all program areas.

Certain treatment programs necessarily involve the use of physical force against children. An example of such a program would be a behaviour therapy program, based on applied behaviour analysis, that would use an aversive stimulus* as a response to an undesirable behaviour in the child. The purpose of the treatment program would be to modify that undesirable behaviour or to replace it with more acceptable behaviour. The Ministry does not intend to prohibit such programs or to list what types of physical intervention will be permissible in the treatment schedule. However, treatment programs using any sort of aversive stimulus should be subject to strict controls and monitoring. The Ministry proposes a clinical review process, carried out by a multi-disciplinary team that would consider the treatment plan for each child who is a candidate for a treatment program using an aversive stimulus. The treatment plan must be consciously designed for the individual child. It must also be subject to specific time limits for review of the child's progress and achievement of goals. The clinical review team would be expected to consider whether the child's behaviour will cause greater harm to the child than the proposed physical intervention and whether there is a reasonable expectation of positive change or of prevention of deterioration in the child's behaviour with the use of the proposed treatment plan.

Good practice in behaviour therapy calls for detailed recording * of the subject's daily progress. These records are used by the therapists to assess the success of the treatment strategy.* It is proposed that records relating to the individual treatment plan for a child shall be made available upon request, to the child's parent(s) or guardian, case manager and to the clinical review team. Children aged 12 or over, who ask to see their treatment plan or related revisions and progress reports, shall be shown them with suitable explanation and at the discretion of the program director*. Refusal by the program director to grant permission to the child to see his or her treatment plan and related records should be noted in the child's case record* and should be subject to grievance by the child. The issue of a child's access to records in general will be discussed below under principle 10.

In the previous section relating to medical care, the proposal was made that the consent of children 16 years of age and older be required prior to the administering of any medical treatment. This standard should also apply to treatment programs involving the use of an aversive stimulus. The young person's consent, although a prerequisite to entering into the program, will be only one factor considered by the clinical review team that will assess the suitability of the program for that child. Since one questions even the ability of an adult to make an informed decision about submitting to such a program, the consent of the child would not be the determining factor. This means that, even where a child over the age of 16 consents to this form of treatment, the clinical review team will still be charged with granting the ultimate consent.

Many children who would be candidates for an aversive treatment program would not, whatever their age, be capable of understanding the nature and consequences of the proposed program. A primary example of this category would be certain developmentally handicapped children. These children would therefore lack the mental capacity to give consent to the treatment program. The consent of any of these children who may be 16 years of age or older may be dispensed with upon evidence being given to the review team of the child's lack of capacity. However, sufficient evidence should be provided to ensure that the child is both developmentally handicapped and unable to consent because of the handicap.

The lasting effect and ultimate success of any child's treatment program depends upon the parents' understanding of and participation in the program. While parental consent to treatment would only be required for those children under the age of 16, the Ministry would encourage continued involvement of parents in any program for children over the age of 16. Once again, despite a child's lack of capacity to legally consent to this treatment, wherever possible the child should be actively consulted about the proposed treatment. His or her informal agreement to the treatment plan should be obtained since this in many cases will determine the success of the program.

Principle

6. Every child has the right to appropriate and reasonable adult guidance, support and supervision.

Commentary

Most children depend upon adults for their physical well-being. Adults also necessarily serve as examples to a child in learning how to behave rationally and appropriately. The proposal that every child in a residential care facility has the right to reasonable adult guidance, support and supervision is a recognition of the essential part played by those adults involved in the care of a child.

The choice of the word "reasonable" reflects the belief that adults can teach children to be independent through a judicious use of adult control. The word "adult" has been used to include not only child care staff in children's residences, but parents as well. Unless parents are actively included in planning for their children, the institutionalization of those children will only serve to destroy the family unit. One of the primary goals of this Ministry is to strengthen the family unit. Thus the Consultation Paper on Short Term Legislative Amendments proposed that, where not prohibited by court order, any child placed in a children's residence should be entitled to a reasonable number of visits from parents. This is standard practice in most programs. However, it is important for child care professionals to actively facilitate family contacts for children. Many of the programming standards contained in this volume reflect this principle.

Principle

7. Every child has the right to receive an educational program.

Commentary

The Education Act, S.O. 1974, C.109, requires every child in Ontario under the age of 16 years to attend school. The receipt of a formal education is of great importance to any child growing up in this sophisticated and complex world. It is important that the disruption caused in a child's life by placement in a residential care facility not result in an effective abandonment of a child's education. Whatever the proposed length of stay, an educational program suitable to the age and ability of the child in care should be provided or arranged for by the residential facility. Where community schools are to be used for a child, the availability of a suitable educational program should be considered prior to placement of that child in the residential care facility.

Many of the children placed in children's residences are 14 years of age or older. The early school-leaving program, administered by local school boards, is an alternative available to any of these children who, for a variety of reasons, should not attend school. Application to the Early School-Leaving Committee must be made by the child's parent. However, child care staff responsible for the daily care of a child should work with the child, his or her parents and the school attendance counsellor to develop a creative and meaningful alternate program for submission to the Early School-Leaving Committee.

Principle

8. Every child has the right to freedom of thought and of conscience.

Commentary

Freedom of thought and of conscience are two rights that have appeared in any discussion of civil rights over the last few centuries. Historically, men and women have been prepared to accept many restrictions on their physical freedom, but have resisted passionately any attempts to limit their intellectual or moral freedom. These rights do not mean simply the freedom to have personal beliefs and thoughts but rather extend to the freedom to openly express and discuss one's thoughts and to follow the dictates of one's conscience.

Children have not historically enjoyed this freedom with the rest of the community. The upper age limit of childhood has changed throughout the centuries, but whatever the age of majority anyone under that age has been expected to adopt the beliefs of his or her elders. The children who live in Ontario's residential care facilities should live in an atmosphere of acceptance and tolerance. Children should be taught to think critically for themselves and to express their opinions openly. An important part of this process is learning to respect the opinions of others and the right of others to express their own opinions. Such development of tolerance is one of the goals of child care work. The guaranteeing of a child's right to freedom of thought and of conscience will reinforce this goal.

The right to freedom of thought and of conscience has found its greatest expression throughout history in a defence of freedom of religion. Each child in a residential care facility should have the guaranteed right to practice his or her own religion, where that is practicable within the residential setting. In accordance with the fundamental principle of concern and respect for others, a child's right to practice his or her own religion should not interfere with a similar right enjoyed by any other person.

Consideration of the question of religious practice raises the issue of who should determine which practice is followed. The law has not recognized a child's ability to choose a religious affiliation independent of his or her parents. It is proposed that a child be able to independently determine which faith he or she would practise within the residential facility at the age of 16. Complementing the right to freely practise one's own religion is the stipulation that a child should not be obligated to practise a specific religion within a treatment program without his or her consent or the consent of his or her parents. The age of 16 would apply as the relevant age of consent. Consent would be required of parents of a child under the age of 16. However, such children should be actively consulted and involved in the choice of religious practice and consistent with our approach to treatment, the child 12 and over would have access to the grievance procedure.

Principle

9. Every child has the right to reasonable enjoyment of privacy.

Commentary

A certain amount of personal privacy is necessary to the maintenance of one's identity. Privacy, in the sense of "time alone", is not always possible to achieve in the average family. In the larger group settings of residential care facilities the goal may be even more difficult to achieve. Also, some of those children committed to care need to be carefully watched because of their self-destructive tendencies. Child care professionals would be negligent of their duty to protect such children if they permitted them to be left unattended. The right of a child to privacy within a residential facility is therefore a right that must be reasonably exercised. Attention must be paid to the needs of the individual child and to the proper functioning of the residence as a whole. The application of this principle to the residential setting is an excellent way of teaching children in care personal responsibility and respect for others.

The Consultation Paper on Short Term Legislative Amendments recommended that the correspondence of children in any residential care program * not be read or subject to censorship by staff. Such activities by staff were thought to be an invasion of the child's privacy. The Ministry received a great deal of both negative and positive comments on this issue. Many child care professionals believe that they need to know the substance of correspondence being sent to children because of their responsibility to interpret disturbing messages to the child. This is a valid concern. The Ministry is now proposing that staff in secure care programs be permitted to read incoming mail, where deemed necessary, but not to withhold or censor that mail. It is also proposed that the child have an absolute right to privately communicate with his or her lawyer and with the Ontario Ombudsman. These communications would not be subject to being read or monitored by staff.

Privacy has another dimension when considered in the context of children in care. Such children are generally placed in children's residences because of some difficulty experienced by them or their families. In assuming their care, the state has a responsibility to ensure their anonymity from the public. This means that case and facility records should be protected from unwarranted disclosure. It also means that children should not be identified in any news media discussions.

Principle

10. Every child has a right to have his or her opinions heard and to be included when any decisions are being made affecting his or her life.

Commentary

The proposal that every child in a residential care facility be guaranteed the right to have his or her opinions heard and to be included when any decisions are being made affecting his or her life is difficult to enforce in everyday working terms. The most elaborate procedures can be developed to implement this right, but the success of those procedures will inevitably depend upon their conscientious use by child care professionals. However, the Ministry is currently engaged in a number of projects to design procedures that will do much to ensure that the child is appropriately heard. These projects include the development of a grievance procedure, a case management function and a prime worker (to be addressed in a child advocacy study to be released later in 1978) and the issue of legal representation and court review (to be dealt with in the legislative amendments).

This right may also be viewed as a principal vehicle for teaching children to be responsible members of the community. More than any other of our proposals this standard directly addresses the question of personal responsibility. The active soliciting of the opinions of a child and the honest consideration of these opinions in any decision-making process provide an ideal way of teaching a child to make reasoned decisions. The child's opinion cannot be given in a vacuum. To be effective, child care staff have to explain the issue fully to the child and teach the child how to think about logical consequences and implications of actions and decisions. Viewed from this perspective, the guaranteeing of this right provides an exciting challenge for child care professionals.

The proposed program standards contained in this paper outline in detail the specific application of this principle to the daily functioning of a children's residence. Upon admission, every child should be assigned a prime worker whose duty it would be to explain to the child the rules and workings of the facility and the protections available to the child. This is an effective way of ensuring that children know what their rights are. Each children's residence should also institute a grievance procedure to provide an internal mechanism for a child to voice program concerns. It would be possible to have a matter reviewed externally through this procedure but only if it was not possible to settle it within the program. Children need to be taught how to use the grievance procedure responsibly. There should also be a clear definition of when and how the grievance procedure may be used. The Ministry is currently developing models of grievance procedures suitable for different types of children's residences. These models will form part of the child advocacy study.

A matter of great concern to child care professionals is the issue of legal representation for children. Included in the duties of the prime worker is the responsibility to inform a child of the availability of separate legal representation for the child. A children's residence or prime worker is not intended to bear any of the cost of a child's legal representation. What is advocated is that the prime worker actively facilitate a child's retaining of his or her own lawyer in the usual manner for that community.

It is also proposed that, where possible, every child, regardless of age, be included in the negotiation of the placement agreement and the treatment plan. This is a good practice that is followed by many children's residences now. Once again, the question of placement in a residence raises the issue of the child's legal capacity to consent to that placement. Access to certain children's residences, for example, detention and correctional facilities, is controlled by court order. However, most other admissions are "voluntary". (The presumption is that the parent's volition determines whether or not the placement is voluntary.) In these cases, formal agreement to placement should be obtained from children between the ages of 12 and 16. This agreement should be in addition to the parent's legal consent to placement. This is the approach of the proposed Child Welfare Act requiring the child's consent to care by agreement if the child is 12 or older. While the child remains in the residence, the child should also be included in his or her regular case review conference. Finally, every child should be informed of, and consulted on, any potential transfer to another facility or alternate placement. Such planned involvement of children in decisions affecting their placement can be a meaningful way to teach children to accept responsibility for their lives and actions.

The Ministry is concerned about the most effective way to deal with those instances where a child between the ages of 12 and 16 may object to placement in a residence. In many cases this would not be an issue as placement would be the result of a corrections or child protection hearing which guarantees a right to the child to be heard. However in some cases, particularly for those facilities which are either children's mental health centres or are funded under The Children's Institutions Act, the child is directly placed in the residence without possible access to the courts. If one were totally consistent with the approach of the proposed Child Welfare Act it would seem that the older child who was opposed to his or parent's decision to make the placement would have to be found to be in need of protection by the courts before that placement could be made. While believing this approach may be appropriate the Ministry recognizes that it also may raise issues and concerns in the program areas affected. There may be better ways to endorse the principle outlined in the new Child Welfare Act without requiring formal court hearings whenever the older child objects to placement. Accordingly, the associations of service providers in the affected areas have been asked to provide the Ministry with comment on this issue to help determine what the approach should be. The Ministry's Committee on the Detention of Non-Delinquent Children is also examining these issues. Once this has been received the Division will attempt to resolve the issue through standards development.

Responsible decision-making requires adequate information. A Ministry Task Force on Case Information Disclosure is currently trying to resolve those issues generally relating to access to all case record material in children's programs. The Consultation Paper on Short Term Legislative Amendments asked for comment on the question of a child's access to his or her own records. This invitation received a great deal of comment that has prompted the following proposed approach to the issue of a child's access to records. Further consultation and receipt of the detailed task force report is required prior to implementation.

First, an attempt would be made to define those components of a case record to which differing access will be permitted. This means that there may be certain parts of a case record to which children may have access, but certain other parts of the record to which a child should not have access. Such a differentiation may not be possible. The Ministry is eager to receive proposals on this issue. Secondly, it is suggested that the Director of the residence should be able to deny access to a child, a child's representative and/or a parent where he or she feels this would be in the child's best interests, but such a decision would be subject to appeal to the grievance procedure by either the child or the parent. Finally, direct care workers who prepare case records in good faith and with reasonable professional judgement should be protected from civil liability for the contents of those records. The Ministry's 1978 paper entitled "A Goal Oriented Approach to Clinical Record Keeping" is a practical guide to keeping meaningful records that can be easily shared with clients. It is also proposed that no restriction be placed on a child's ability to review the plan of care* developed upon admission to the program. Ideally the child should have been involved in the development of that plan of care.

The Ministry does not advocate an abandonment of decision making to children. That would be an abdication of parental and adult responsibility. What is recommended is that whenever adults are making decisions that affect the life of a child, those adults should not operate in isolation from that child. Some children, by virtue of their age, are too young to be included in a meaningful way in any decision-making process. However, many people tend to underestimate the ability and need of pre-school and young school-age children to understand the choices being made for them by adults. Inclusion of these young children, in a manner appropriate to their age, is encouraged.

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6. ORGANIZATION AND MANAGEMENT OF RESIDENTIAL SERVICES

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6. ORGANIZATION AND MANAGEMENT OF RESIDENTIAL SERVICES

The working group for Organization and Management considered carefully the wide range in the size of the facilities for which standards* are being written, the great variety in the types of children served and the differing nature of the programs. In addition, the group was sensitive to the fact that many different types of organizations are involved in delivering services from both the public and private sectors, including parent-model * and shift-model * homes. Its attempt in this section was to develop a framework in the form of standards and guidelines* that will ensure an acceptable level of performance in the area of organization and management while still allowing for flexibility within the delivery system. The working group also tried to strike a balance between the necessity of ensuring a certain level of performance on the one hand, and the danger of interfering in the day-to-day operations of a facility on the other. It is the sincere belief of the group that the standards and guidelines contained in this section will contribute to high-quality care for the children in residential facilities in Ontario.

The Concepts of Organization and Management

There are several ways of defining what an organization is. However, in general terms an organization can be considered to be a group of interdependent individuals working towards a common goal who interact to form an identifiable larger whole. Some organizations may be large and complex, while others may be quite small. Every organization, regardless of its size or nature, requires some form of management, from a large government institution to a small parent-model group home. As a function, "management" provides the resources, planning, evaluation, control and leadership that are vital for survival. It is through management that goals, policies, principles and theories are translated into action; without management, organizations disintegrate and cease to function, or at the very least become basically ineffective.

Within the framework just stated, human service agencies, including those dealing with residential care for children, can be considered organizations requiring management. As one author (Fewster, 1977) most aptly states, "No program of social intervention can exist purely on the basis of sentiment and good intention." (p. 1) This is particularly true in today's world, where the factors of increasing demand for service, increasing criticism of existing services, the growth of theories for programming and treatment, and fiscal restraint all combine to make mere survival more and more difficult.

THE ORGANIZATION AND MANAGEMENT STANDARDS AND GUIDELINES

Standard Setting Goal

To facilitate high-quality child care services by ensuring that a stable, viable, effective and efficient management organization is maintained within each licensed residential care facility in Ontario.

Rationale

In overall terms, standards and guidelines are required to ensure that minimum levels of performance are established and maintained, and that yardsticks are available for evaluating performance and identifying means for improvement. In the real world of children's services in Ontario, it means that all agencies providing residential care, whether they be directly government-run or outside of government, must meet certain requirements.

In more specific terms related to organization and management, two factors suggest the need for standards and guidelines. The first has already been alluded to, that is, all organizations including those dealing with human services require sound management simply in order to survive. The modern pressures of the social, political and economic environments literally result in the survival of the fittest. Those agencies that lack a sense of direction, cannot plan for and allocate resources, and cannot adapt to changing conditions usually fall by the wayside, or at best, continue to exist in a vacuum. The "drying up" of valuable service is very often as much the result of poor management, if not more so, than of decreasing demand.

Second, in addition to greatly increasing the chances for survival, sound management practices can contribute to high-quality service. A well managed organization will better be able to achieve the desired level of performance in other areas such as programming, human resources, physical plant and so on by:

- setting the desired ends and sense of direction for the organization
- setting priorities, and allocating resources where they will be most effective and efficient
- planning for short-term accomplishments
- planning for long-term goals and allowing for possible conditions of change
- making sure that resources are available in the short run and that they will be available in the long run for meeting the objectives in programming, human resources, community integration, and physical plant, etc.

Conversely, an organization that is poorly managed could cause serious damage to the clients it serves. Poor organizational planning, misplaced resources and mixed priorities are simply not conducive to high-quality service delivery. In such instances group planning for clients and especially individualized client planning become unco-ordinated and inconsistent, resulting ultimately in service breakdown. Moreover, morale within the organization soon moves to a low point, and this in turn quickly filters through to the children in care.

In summary, therefore, standards and guidelines in the area of organization and management will not only help to ensure the continued existence of a desired program*, but will also contribute to high-quality service and care. Without sound management, needed services will decay, and during this process the desired ends of high-quality programming will become impossible to achieve.

Principles

Several principles must be considered in the development of standards and guidelines for the organization and management of residential facilities. These are:

1. Stability/Viability: All providers of residential children's services must be committed to maintaining an organization that is steady in purpose and capable of existence and development to ensure the availability of current and future high-quality service.
2. Accountability: All providers must be held continually accountable for their performance, planning and expenditures to ensure the effective and efficient allocation of resources.
3. Continuity of Care: All children are entitled to care based on planning that is coherent, consistent and responsive to their changing needs and circumstances.
4. Responsibility to Staff: All providers are responsible for ensuring that the best possible staff are recruited, and that staff are treated in a fair and equitable manner.
5. Responsibility to Community: All providers have a responsibility to their communities in the sense that they should be open, co-operative and consistent in their interactions with other providers and the public at large.

STATEMENT OF PURPOSE

Commentary

". . . the social agency needs to formulate an explicitly stated justification for its existence and be prepared to face the challenge of public questioning. The fact that some social agencies have lacked the necessary courage to articulate these statements is understandable but not, by any means, forgivable. It is this failure that gives rise to an incoherent system of social services preventing the participants from experiencing the security and commonality of purpose enjoyed by components of the economic system." (1)

Every organization large and small, must have a reason for existing, a sense of direction, an understandable purpose. Whatever term is used, an organization must know why it exists and where it is going. For some organizations this may be fairly simple not only in terms of what their purpose is, but also in terms of general public acceptance. In such cases there may not be a necessity to "formalize" the purpose of the organization in that generally everyone knows what it is, and there is general agreement as to that purpose (both inside and outside the organization). (2)

For organizations dealing with human services, however, the problem is not so simple. There can be a multitude of reasons for the existence of organizations, depending on whom they intend to serve, where services will be provided, what kinds of service will be provided, and so on. Moreover, there may not be agreement either outside or inside the organization on any or all of these areas. Indeed, given the complexity of modern society, there are most likely to be diversity of opinion, areas of overlap, and outright controversy around human services. Given such an environment, a human service organization must, in a sense, be able to justify its existence. Externally and internally, it must be able to communicate an understanding of the necessity of its existence and the direction in which it is moving. Without this communication, high-quality service is unlikely as internal confusion increases. In the long run, survival also becomes unlikely as the internal confusion combines with external pressures to question the very existence of the organization.

Summary

All operators are required to have a statement of purpose. Guidelines are also provided as to the content of the statement and review.

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1. Fewster, op. cit., p. 9.
 2. Ibid. The same author argues that this is true of many organizations in the economic sector.

OM-01

Statement of PurposeSTANDARD

OMS-01.1

Every operator shall have a written statement of purpose and function for the residence(s) operated. (3) The statement of purpose shall include but not be limited to:

- a) program goals
- b) the children to be served: ages, sex, number
- c) the services to be provided in meeting the needs identified. (SEE also: PROGRAMMING and COMMUNITY INTEGRATION.)

Guideline

OMG-01.1

The statement of purpose should be reviewed annually by the operator as part of the planning process. (SEE: OM-09.)

Compatibility With Current Legislation

Current legislation does not require a statement of purpose from operators except in cases where incorporation is required. (For the purposes of this and subsequent discussions of the compatibility of the proposed standards with existing legislation, the term legislation is applied both to statutes and to regulations made under the statutes.) In the case of incorporated operators, the incorporation documents must include a statement as to the "objects" of the corporation. Normal corporate practice is to leave this statement vague and brief. Because of the suggested guideline calling for an annual review of the statement of purpose, it would be unwise to use the "objects" statement in the incorporation documents as the forum for such a statement even though it may be similar; a change in "objects" requires a sometimes lengthy procedure to amend the incorporation documents by way of "Supplementary Letters Patent". It is suggested that the statement of purpose required by the proposed standard exist separate and apart from the corporate charter.

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3. Note: For the purposes of these standards "operator" means a person, corporation or government providing residential services for children. The operator holds the licence(s) for the facility or facilities that it operates. (SEE also: following section on Governing Body.)

GOVERNING BODY

Commentary

The models and structures used by organizations to manage their operations are almost infinite in number. Several factors come into play in determining which model best suits an organization, including the purpose of the organization, its size, location, the style and personality of the people within the organization, and so on. The organization must weigh each factor in determining its management structure.

However, despite the structural variety that is possible, there are certain common features that should be applicable to certain types of organizations. For those organizations providing children's services in Ontario, the requirement for accountability discussed in Section 2 of this paper dictates structural features that should apply to all. This does not mean that every organization will or ought to be structured in the same way. What it does mean, however, is that all organizations should share some common desirable characteristics that contribute to accountability and an acceptable level of performance. These common characteristics or features are:

- an identifiable body or person within the organization who is accountable for that organization
- identifiable and understandable responsibilities and duties within the organization
- an organizational structure reflecting the role and responsibilities of the organization in its community. (SEE also: OM-27.)

The translation of these features into standards and guidelines is a delicate task. First, in general terms, there exists a fine line indeed between the desire to ensure minimum and desired levels of performance on the one hand, and the desire to avoid interfering in internal management matters on the other. This dilemma is apparent throughout the whole of organization and management, but is particularly so in areas such as structure. (SEE: OM-07 to OM-12.) The attempt in the standards and guidelines mentioned below has been to strike a balance between these two ends.

Second, the Ontario experience, unlike that of many other jurisdictions, particularly those in the United States, is one of great variety in terms of the types of organizations providing residential service. Government, private agencies, corporations, and individuals are all directly involved in service provision. One approach in several other jurisdictions has been to limit the types of organizations that may provide service. In these cases incorporation has become a prerequisite for licensing. Others have gone even further in defining the types of eligible corporations, such as non-profit or charitable. Again, however, the approach of the standards and guidelines in the section below has been to strike a balance. This approach reflects the view that structural variety is desirable and that a partnership between the public and private sectors can serve to enhance services to children. Arbitrary limitations between or within either sector could result in the loss of valuable services and programs that currently exist. In the area of organization and management, therefore, the question of "who" is providing service has been considered less important than "what" and "how".

Third, the Ontario experience requires a special sensitivity regarding the wide variety in the size of organizations providing service, from very large shift-model residences to small parent-model homes. While both types of operators require an identifiable body or person within the organization who is accountable for that organization (see above), the manifestations of this desired feature could be very different. For example, in large organizations the point of accountability may be a government ministry, or a board of directors, whereas in a small privately run group home the parents (proprietors) are the accountability points.

Within the spirit of the above, therefore, the standards and guidelines allow for the continued existence of those who currently provide service, while at the same time ensuring that the desired features are met. Probably the greatest impact will be in the area of community responsibility in that those operators that currently do not do so will be expected to broaden their base and formalize their linkages with the communities they serve. This has been provided for through a flexible framework of community-based boards of directors or advisory boards. This will mean some change for both government and private operators.

Summary

All operators are required to have a governing body that is ultimately responsible for all policies and activities. Non-profit incorporated operators should have community-based boards of directors; government-run profit-making corporations and unincorporated operators (proprietors) are to have advisory boards. This provides two means for facilitating the operator's responsibility to its community, that is, either through a community-based board of directors or an advisory board, depending on the nature of the operator. The table below provides a visual description of the proposed standards and guidelines.

Operator	Governing Body	Advisory Board
Government	Defined by statutory authority	Yes - with community representation
Non-profit corporation	Board of directors with community representation	Not necessary, as community representation provided through board of directors
Profit-making corporations (4)	Defined by documents of incorporation	Yes - with community representation
Proprietors	Proprietor	Yes - with community representation

It should be noted that large operators like the government, or profit-making corporations operating several residences, would have the option of having either a single advisory board or separate advisory boards for each residence. In addition, large non-profit corporations, like some Children's Aid Societies, would continue to be able to have a single board of directors for all the residences they operate directly, and they could continue to contract with other operators to purchase additional beds and services as-is their current practice.

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- 4. Although the option would be open to them, profit-making incorporated operators are not necessarily urged by these guidelines to be governed by a community-based board of directors that would have, among other powers, the authority to dismiss the chief administrative officer of a facility. The standards require that these operators be assisted by an advisory board that would advise the operator but not have this ultimate power of dismissal. It was thought that these operators should be allowed the flexibility of carrying on business in either the proprietary or incorporated form without being directly responsible to a community-based board of directors.

Standards and guidelines also cover the duties and responsibilities of governing bodies, the duties and responsibilities of advisory boards, and the composition of boards.

For purposes of clarity, the following definitions have been used:

Operator	For the purposes of these standards "operator" means a person, corporation or government providing residential services for children. The operator holds the licence(s) for the facility or facilities which it operates.
Governing Body	"Governing body" means that body that has responsibility for the control and overall management of residences for children (for example, the board of directors of a corporation).
Chief Administrative Officer	"Chief administrative officer" means that person appointed by the governing body to be responsible for the day-to-day management of a residence or residences for children. The chief administrative officer would be named in the licence. (5)

OM-02

Governing Body and Advisory Board

STANDARD

OMS-02.1

All operators shall have a governing body that is responsible for, and has authority over, the policies and activities of the residence or residences operated. In the case of a profit-making incorporated operator the governing body shall be defined by its documents of incorporation. In the case of an operator that is a non-profit corporation, the governing body shall be the board of directors according to the standards herein. In the case of a proprietary operator, the governing body shall be the proprietor. In the case of government, the governing body shall be the statutory authority. The governing body of a profit-making incorporated operator, a proprietary operator and government-run facilities shall act with the advice and counsel of an advisory board or boards appointed by the governing body.

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5. A change in administrative officers would not necessarily require a new licence, but only an amendment to a licence.

OM-03

Duties and Responsibilities of Governing BodySTANDARDS

OMS-03.1

The governing body shall oversee the management of the residence(s) and shall have ultimate authority for all aspects of the operation of the residence(s).

OMS-03.2

The governing body's duties and powers shall include but not be limited to the following:

- a) the appointment and dismissal of a chief administrative officer
- b) the review and approval of the annual budget
- c) the preparation of an annual report on the operation of the residence(s) in light of its statement of purpose
- d) the establishment of written policies to be followed together with a regular planned review of those policies
- e) the review and approval of the annual report of the operator's auditor
- f) the approval of any capital investment, expansion or diminution of a residence's services, or significant contractual obligations undertaken by the operator.

Guideline

OMG-03.1

The governing body should undertake responsibility to interpret the program to the community. (SEE: PROGRAMMING and COMMUNITY INTEGRATION.)

OM-04

Duties and Responsibilities of Advisory BoardSTANDARDS

OMS-04.1

The advisory board shall advise and be consulted by the governing body, with which ultimate control and management authority rest.

OMS-04.2

The advisory board shall:

- a) keep itself informed as to the operating policies and practices of the residence(s) through regular joint meetings, at least once per quarter, with the governing body, and by at least annual visits to the residence(s). Where an operator operates 6 or more residences, at least fifty percent of the residences shall be visited by the advisory board
- b) prepare a written annual report to the governing body on its activities and recommendations for the residence(s).

OMS-04.3

The advisory board shall inform the governing body of any event or circumstance that the majority of the Board believes warrants a licence review. Where the advisory board is not satisfied after its discussions with the governing body, the advisory board shall prepare a written statement outlining the event or circumstance in detail, and explaining their objections to the governing body's conduct. This statement shall be confidential and shall be provided to the Ministry, the governing body and advisory board members only.

Guideline

OMG-04.1

The advisory board should:

- a) suggest policies for the operation and development of the residence(s)
- b) advise and co-operate with the executive and governing body in planning (SEE: OM-09)
- c) review the annual report of the governing body and make written recommendations to the governing body.

OM-05

Function of Board of Directors and Advisory Board

Guidelines

OMG-05.1

A board of directors should meet at least bi-monthly, or more often as is necessary to ensure proper functioning.

- OMG-05.2 An advisory board should meet at least quarterly or more often as is necessary to ensure proper functioning.
- OMG-05.3 The primary responsibility for the direct operations of the residence(s) should rest with the chief administrative officer; neither the board of directors or advisory board nor any of their sub-committees should directly operate the residence(s) except on an emergency and temporary basis.
- OMG-05.4 The board of directors or advisory board should make every effort, in consultation with the governing body, to co-ordinate the work of the residence(s) with that of other agencies in the community(ies) served.
- OMG-05.5 Where appropriate to do so, the board of directors or the advisory board should organize itself into sub-committees for its more efficient operation. Sub-committees may be appropriate with respect to the following areas:
- a) executive
 - b) finances
 - c) personnel policies
 - d) program planning and review
 - e) public relations
 - f) health and safety
 - g) nominations.
- OMG-05.6 The board of directors or advisory board should have full knowledge of and access to the financial records of the operator - to be held confidentially.
- OM-06 Composition of Board of Directors or Advisory Board**
- Guidelines
- OMG-06.1 The board of directors or advisory board as the case may be should consist of representatives of various religious, business, professional, cultural, and ethnic groups of the community(ies) in which the residence(s) resides, and should include both men and women.

- OMG-06.2 Where possible, the board of directors' or advisory board's members should be chosen with a view to interlocking with the boards of other residential child caring facilities from among nominees of various religious, business, professional, cultural, and ethnic groups of the community(ies) served. In particular nominees should be elicited from but not limited to the following:
- a) a school board
 - b) the police force
 - c) other local residential child caring services
 - d) members of the financial or business community of the area served
 - e) any other organization having a substantial representation in the community
 - f) parents of client groups served.
- OMG-06.3 The board of directors or advisory board should be large enough to be representative of the community(ies) served, yet small enough to avoid unwieldiness.
- OMG-06.4 The board of directors or advisory board should be appointed for a definite term of office; provision should be made for the rotation of board membership on an overlapping basis; provision should be made for the removal of any board member on the majority vote of the board acting as a whole.
- OMG-06.5 Every operator should have a written policy regarding conflict of interest on the part of board members.
- OMG-06.6 Members of the governing body should not be voting members of the advisory board.

Compatibility With Current Legislation

Some of the existing Acts are much more restrictive as to the format of management and organization than are these proposed standards. The Children's Institutions Act and Charitable Institutions Act require a non-profit corporation format. The approach in the remaining legislation essentially coincides with the permissive approach taken in these standards, accommodating profit and non-profit corporations, unincorporated proprietorships and direct government-run facilities.

In terms of community representation, the proposed standards are somewhat at variance with The Child Welfare Act, which has a very rigid prescription for the inclusion of a specific number of municipal representatives on the board of Children's Aid Societies. This prescription reflects the municipal funding base of these societies. While the proposed standards offer a much more flexible community-based board concept than The Child Welfare Act, they do not preclude the kind of municipal representation required by that Act.

The proposed standards are much more detailed in outlining the duties, responsibilities and activities of a residence's management than any of the current legislation.

The creation of an advisory board as described in these standards is a somewhat unique concept. No analogous body exists in any of the current legislation. Although an advisory board exists under The Training Schools Act, its mandate includes individual client case review, a function not intended for the advisory board proposed in these standards.

It should be noted that under Section 4(1) of The Corporations Act a board of directors for a non-profit corporation must have at least three members. (SEE: OMG-06.3.)

ADMINISTRATIVE PRACTICES AND PROCEDURES

Commentary

As indicated in the section on Governing Body, great variety exists among the residential facilities in Ontario providing care for children. These differences exist in every area of the facilities' operations including size, structure, programming, physical plant, and human resources. Therefore, administrative practices and procedures could vary substantially across the service spectrum.

However, while the content of administrative practices and procedures may vary, a common framework effecting fundamental characteristics of sound management practices will ensure that resources are allocated and used in the most effective and efficient manner. Human service (and other) organizations within such a common framework have these characteristics:

- The lines of authority within the organization are consistent and understandable.
- The financial resources of the organization are allocated in an organized and planned fashion, with accountability mechanisms built in.
- The organization plans for the short and the long run in terms of its financial requirements, human resources, program needs, and physical plant. The plans are coherent, consistent and adaptable to unforeseen conditions.
- Administrative practices and procedures within the organization are consistent with the stated purpose of the organization. Again, coherency, consistency and adaptability are essential.
- Administrative practices and procedures are clearly set out to all staff. (SEE: OM-11.)

Care must be taken in translating these characteristics into standards and guidelines to ensure that the framework established will result in practices and procedures that reflect the desired ends on the one hand, but will also accommodate the variety among existing facilities on the other. The approach used below has been to establish the framework through standards. Material affecting content is in the form of guidelines. This approach will allow operators to meet their own special needs and conditions. For example, all operators, large and small, are required to have administrative and program manuals. While the list of items to include (the framework) may appear lengthy at first glance, the content of these items could be very brief for small operations. In other areas, like organization charts, the requirements apply only to shift-model organizations in recognition of the fact that these kinds of measures would be of little relevance to parent-model operators.

Summary

All shift-model operators are required to have a written organization chart that will communicate to those inside and outside the organization the lines of authority that exist. Financial planning is to be ensured through a budgeting process. Overall planning in terms of programming and staffing is also provided for, with guidelines for duration and review. Guidelines for purchasing and inventory control are also provided.(6) Finally, coherency, consistency, adaptability and communication are ensured through the use of administration and program manuals that contain the policies and procedures of an organization.

Again, the content of practices and procedures is flexible, depending on the size and nature of the operator. The length of written material required will vary depending on these factors.

OM-07

Organization Chart

STANDARDS

OMS-07.1

Each shift-model operator shall have a current organizational chart that accurately reflects the functions performed for all the major operating programs, describing the staff division and the administrative personnel in charge of the program, their lines of authority, responsibility and communication.

OMS-07.2

The chief administrative officer shall designate a person to administer the affairs of the facility in his or her absence.

Guideline

OMG-07.1

The organizational chart should be readily available to all staff members, volunteers and consultants for reference and should form part of their initial orientation. (SEE: OMS-17.2.)

6. In this section (SEE: OM-10) "inventory" means an itemized list of current assets, such as supplies, equipment and physical plant. The degree of detail required will depend on the size and nature of the residence(s) in question. (SEE also: OMS-25.5.)

OM-08

BudgetSTANDARD

OMS-08.1

Every operator shall have an annual budget with the following characteristics:

- a) documentation of the provision for meeting the direct costs of care for children served with an allowance for their additional special needs
- b) provision for meeting staff salary requirements, staff development programs, and maintenance of the physical plant
- c) listing of projected sources of income
- d) written statement of approval by the governing body
- e) where an operator operates two or more residences or separate programs within a single residence, each shall have its own budget, and each budget shall include shared costs such as supervision and administration on a pro-rated basis (SEE: OMS-24.)
- f) written reference to the annual plan. (SEE: OM-09.)

Guideline

OMG-08.1

The budget should break down into identifiable administrative, program and support functions. (SEE: OM-24.)

OM-09

PlanningGuidelines

OMG-09.1

Every operator should plan, on at least an annual basis, concerning staffing, program, finances, capital investment and maintenance of the physical plant.

- OMG-09.2 Every large operator (for this purpose, an operator with an annual budget in excess of \$100,000), should have both a written annual plan and a long-term written plan of not less than three years, concerning staffing, program, finances, capital investment, and maintenance of the physical plant; and stating the objectives in these areas, and relating these objectives to the statement of purpose. (SEE: OMG-01.1.)
- OMG-09.3 The plans should state wherever possible the premise upon which an objective is based.
- OMG-09.4 The annual plan should be reviewed and revised as required, at least quarterly.
- OMG-09.5 The long-term plan should be reviewed and revised as required, but at least annually to determine progress towards the specified objectives.
- OMG-09.6 In reviewing and revising its plans the operator should determine and report on the progress made towards attaining its goals and objectives.

OM-10 Inventory and Purchasing

Guidelines

- OMG-10.1 Every large operator (for this purpose, an operator with an annual budget in excess of \$100,000) should have written policies on inventory control, purchasing, receiving, contract tender, product selection, product evaluation, and supplies distribution.
- OMG-10.2 Records should be maintained to document compliance with these written policies. (SEE: OM-25.)
- OMG-10.3 A record should be kept of supplies to children such as clothing and allowances.

OM-11

ManualsSTANDARDS

OMS-11.1

Every operator shall have both an administration manual and a program manual available to the staff at all times.

OMS-11.2

The administration manual shall include at least the following:

- a) Statement of purpose (SEE: OM-01)
- b) Organization chart as applicable (SEE: OM-07)
- c) Personnel practices and procedures as applicable (SEE: OM-13 to OM-23, HUMAN RESOURCES and PROGRAMMING) including but not limited to:
 - i) hiring criteria
 - ii) job descriptions
 - iii) work assignments
 - iv) employee grievance procedure
 - v) staff code of conduct
 - vi) disciplinary procedures
 - vii) volunteer duties
 - viii) vacation and holidays
 - ix) leave of absence
 - x) performance evaluations
 - xi) staffing patterns
 - xii) staffing ratios
 - xiii) staff training
 - xiv) salary administration
- d) emergency procedures (SEE also: PHYSICAL PLANT and PROGRAMMING) in case of:
 - i) fire
 - ii) leave-taking without permission
 - iii) accidents
 - iv) assaults on staff or residents
 - v) child abuse allegations
 - vi) attempted suicides
 - vii) death
 - viii) health emergencies of any kind including poisoning
 - ix) detention by police or courts

- e) list of emergency phone numbers
- f) records management (SEE: OM-24 and OM-25.)
- g) financial management as applicable (SEE: OM-08 and OM-10) including but not limited to:
 - i) budgeting procedures
 - ii) petty cash
 - iii) employee expenses
 - iv) purchasing
- h) planning process as applicable (SEE: OM-09).

OMS-11.3

The program manual shall include at least (SEE also: OM-09 and PROGRAMMING) the following:

- a) the operator's program statement
- b) policies for decision making, supervision of staff and children, and consultation
- c) daily routines
- d) program strategies, policies and procedures
- e) the timing of case reviews
- f) admission policies and procedures
- g) discharge policies and procedures
- h) list of other community resources available to the facility (SEE also: PROGRAMMING and COMMUNITY INTEGRATION)
- i) children's grievance procedure (SEE also: CHILDREN'S RIGHTS and PROGRAMMING)
- j) transportation policies and procedures
- k) security policies and procedures
- l) aftercare policies and procedures.

Guideline

OMG-11.1

Operators operating several residences should have uniform administrative and program manuals for all their facilities where feasible.

OM-12

Daily LogSTANDARDS

OMS-12.1

Every residence shall maintain a daily log wherein shall be recorded the following:

- a) notations of any condition or incident concerning the health or safety of the staff or residents
- b) notations of any changes in the treatment or program plan with corresponding references in a child's case record. (SEE: OMS-25.4.)

OMS-12.2

Before assuming duties every staff member in a shift-model residence shall review and initial each of the daily log pages commencing with the last page initialised by that staff member and ending with the most recent entry made before the staff member assumes duties. (SEE also: HUMAN RESOURCES.)

Guidelines

OMG-12.1

The daily log should be kept as brief as possible while still containing all the information considered important. It should focus on the children in care, and it should be factual, not opinion-oriented.

OMG-12.2

The entries in the daily log should be kept for at least one year from the date of recording.

Compatibility With Current Legislation

The proposed standards and guidelines are more encompassing than the current legislation with respect to administrative practices and procedures. The only exception may be that several Acts, including The Children's Boarding Homes Act, Training Schools Act, Children's Institutions Act, and Charitable Institutions Act, provide specifically in their regulations for the event of an accident, illness or death involving a child. The proposed standard in that area requires that a policy to cover such circumstances be included in a "program manual". This policy should conform to the mandatory reporting requirements of s.22 of The Coroners Act, R.S.O. 1970, c.87.

PERSONNEL PRACTICES AND PROCEDURES

Commentary

Organizations are made up of people, and it is through these people that the goals of organizations are realized. The purpose of this section is to deal with those administrative aspects of personnel that contribute to the recruitment and keeping of high-quality child care staff, or in short those practices and procedures that will help to achieve the desired end of human resources within an organization. They are considered essential to the prosperity and vitality of every organization, including those dealing with children's services.

One final note should be that this section applies to all operators, shift and parent-model, since all operators, even those with only one employee, have a responsibility to their employees. However, it is recognized that the wide range in the sizes of facilities and the different staffing patterns will have an effect on the actual practices and procedures produced by each operator. Therefore, as in other sections, the approach of the standards and guidelines below has been to provide a framework with sufficient flexibility to allow each operator to meet its own special problems and needs, while at the same time ensuring that an acceptable performance level is maintained throughout the system. Also, because the approach here has been to provide a framework from an administrative point of view, several cross-references are made to HUMAN RESOURCES.

Summary

Every operator having employees is required to provide job descriptions, a code of conduct, discipline and grievance procedures, personnel files, and written policies in basic personnel areas. Standards and guidelines also cover the areas of human rights, recruitment, work assignments, probationary periods, performance evaluation, and communication mechanisms.

As in other sections, however, the content of personnel practices and procedures has been left to the operator, to allow for individual needs and conditions within the framework of standards and guidelines. Moreover, the recording requirement would be minimal for operators with few employees.

OM-13**Human Rights**STANDARD

OMS-13.1

The provisions of the Ontario Human Rights Code shall be observed in all personnel practices and procedures.

OM-14**Job Description**STANDARDS

OMS-14.1

Every operator shall develop written job descriptions for all employees that shall include but not be limited to the following:

- a) the position title
- b) supervisory relationships
- c) purpose of the position
- d) main responsibilities and reporting relationships. (SEE also: HUMAN RESOURCES.)

OMS-14.2

Job descriptions shall be readily available to all employees, and copies kept on file.

Guideline

OMG-14.1

Job descriptions should be reviewed periodically to assess their continued appropriateness. An annual review is suggested.

OM-15**Recruitment**Guidelines

OMG-15.1

The selection, appointment and promotion of employees should be made on the basis of competency, experience and personal suitability. (SEE: HUMAN RESOURCES.)

OMG-15.2

Every operator should in filling vacancies or new positions:

- a) give consideration to the promotion of qualified employees within the organization
- b) recruit within the bounds of generally accepted ethical practices
- c) provide the applicant with a job description and with other pertinent facts, including any anticipated changes in agency function and structure that may have a direct bearing on the position to be filled
- d) obtain written references
- e) prepare a written memorandum concerning necessary verbal reference contact
- f) provide a letter of appointment to the successful candidate containing therein the candidate's salary and other terms and conditions of employment
- g) obtain a medical report with respect to communicable diseases concerning the applicant or employee at the time of employment and at later times as deemed necessary.

OM-16**Work Assignments**Guideline

OMG-16.1

Work assignments should be consistent with qualifications as stated in job descriptions and the staffing plan of the residence. (SEE: HUMAN RESOURCES.)

OM-17**Probationary Period**STANDARDS

OMS-17.1

Before an appointment is made permanent, there shall be a written entry in every employee's file that he or she has satisfactorily completed a probationary period on the job. (SEE: OM-22.)

OMS-17.2

There shall be a written entry in every probationary employee's file that he or she has been given an orientation to the residence including the purpose of the program, program philosophy, and all matters contained in the operations and program manuals of the residence. (SEE: OM-11, HUMAN RESOURCES and PROGRAMMING.)

Guideline

OMG-17.1

The probationary period should be for a minimum period of six months.

OM-18**Performance Evaluation**STANDARD

OMS-18.1

Every employee shall be given a performance evaluation and the evaluation shall be recorded in writing. (SEE: HUMAN RESOURCES.)

OM-19**Code of Conduct and Discipline**STANDARD

OMS-19.1

Each operator shall have a written code of conduct for employees and a disciplinary policy that shall be available to all employees.

Guidelines

OMG-19.1

The code of conduct should be developed jointly by employees and supervisory personnel, with consideration of the following depending on the nature of the residence:

- a) breaches of confidentiality
- b) physical contact with residents (SEE: CHILDREN'S RIGHTS and PROGRAMMING)
- c) alcohol and drug use
- d) smoking
- e) use of facility property
- f) conflict of interest in facility contracts
- g) gifts from or business transactions with residents or their parents or guardians
- h) contact with residents outside of the facility
- i) gambling with residents
- j) personal telephone calls or visits
- k) grooming.

OMG-19.2

The discipline procedure should provide for progressive stages of discipline.

OMG-19.3

An advisory committee composed equally of staff and supervisory personnel should be established to periodically review the code of conduct.

OM-20

Employee Grievance ProcedureSTANDARD

OMS-20.1

Every operator shall have a written grievance procedure for all employees.

Guideline

OMG-20.1

In a shift-model residence, the employee grievance procedure should provide for a process through successive levels of authority starting with the immediate supervisor.

OM-21**Personnel Administrative Policies**STANDARD

OMS-21.1

Every operator shall have written personnel policies, which shall include but not be limited to:

- a) hours of work
- b) vacations
- c) illness
- d) sick leave
- e) maternity leave
- f) compassionate leave
- g) statutory holidays
- h) retirement and severance
- i) salary scale and benefits
- j) hygiene practices (e.g., food handling)
- k) employee health services (if provided)
- l) group insurance (if provided)
- m) pensions (if provided).

OM-22**Employee File (See: OMS-25.2)**STANDARDS

OMS-22.1

A personnel file shall be established for each employee.

OMS-22.2

An employee shall have ready access to his or her personnel file in the presence of a supervisor.

Guideline

OMG-22.1

An employee should be able to make and keep a copy of the contents of his or her personnel file.

OMG-22.2

An employee's personnel file should be treated as confidential, and it should be available only to the employee and appropriate supervisory staff.

OM-23**Communication Mechanisms**Guideline

OMG-23.1

Communication mechanisms should be developed with all employees, such as:

- a) making written personnel policies readily available to the staff
- b) regularly scheduled meetings of supervisory staff in a shift-model residence
- c) regularly scheduled general staff meetings. (SEE: HUMAN RESOURCES.)

Compatibility With Current Legislation

The proposed standards and guidelines for personnel practices and procedures are more encompassing than the current legislation. Generally, the children's legislation addresses only the issue of medical examinations for employees.

RECORD KEEPING

Commentary

"Information for information's sake" is a risk all organizations must be reminded of from time to time, particularly those in the human services field. Very often there is a prevailing attitude that "if in doubt, we should ask for it just in case we need it". While such an approach may be argued for on occasion, it should not be used as a basic principle for gathering and recording information. Too much information that is unplanned and disorganized can be just as dangerous as no information at all.

Notwithstanding the above qualification, sound record keeping is an essential component of any successful organization. Without adequate information on its operations an organization is "blind" both in terms of where it stands at any given point and in terms of where it ought to go. External accountability depends on information about an organization that makes it possible to determine whether goals are being met and agreements adhered to. Internally, management must also have such information so as to monitor and evaluate the current situation, to allocate and reallocate resources if necessary, and to ensure that the plans are on target. Planning, programming, administration and accountability all depend on complete, accurate and timely information.

The standards and guidelines below are written in the context of organization and management. The reader is also referred to the CHILDREN'S RIGHTS and PROGRAMMING draft standards regarding other record keeping and information issues such as confidentiality and content.

Summary

The standards and guidelines for record keeping are divided into two main categories:

- a) financial reporting
- b) other records, including minutes of meetings, inventory control, personnel records, registry of children, and case records.

Flexibility has been maintained in the sense that the individual needs and circumstances of an operator can be met within the framework of the standards and guidelines.

Generally the approach has been to limit standards to identifying the kinds of records to be maintained and the requirement to have an audit. Suggestions around the nature of these records have been written as guidelines. This approach should ensure that minimum records are kept while still allowing individual agencies to accommodate their own special needs.

OM-24**Financial Reporting****STANDARDS****OMS-24.1**

A complete record of funding from all sources and expenditures for all purposes in connection with the operation of a child caring residence shall be kept current in accordance with generally accepted accounting principles.

OMS-24.2

Financial reports shall be prepared and submitted to the governing body at regular intervals but no less than quarterly, and annually to the Ministry.

OMS-24.3

Reports audited by an auditor licensed under The Public Accountancy Act shall be submitted to the Ministry as requested.

Guidelines**OMG-24.1**

The cost accounting system of an operator should break down expenditure according to identifiable administrative, program and support functions.

- OMG-24.2 The cost accounting system of an operator should be capable of:
- showing the cost per unit of service for each program
 - showing the cost per unit of service for each bed.
- OMG-24.3 The cost accounting system of an operator should:
- facilitate cost-effectiveness studies against the goals and objectives of the operator
 - facilitate the planning process of the operator
 - be compatible with the requirements of funding bodies.

OM-25 **Other Records**

STANDARDS

- OMS-25.1 Every operator shall maintain minutes of all meetings of the board of directors or advisory board. (SEE: OM-03 and 04.)
- OMS-25.2 Every operator shall maintain an individual personnel file for each staff member including name, sex, age, education, experience, starting date, termination date, performance evaluation, application for employment, reference contacts, training programs, medical reports and all related correspondence. (SEE: OMS-22.1.)
- OMS-25.3 Every operator shall maintain a register of all children in care including the name, sex, birth date, birth place, wardship status, names and addresses of parent(s) or guardian,* dates of admission and discharge, name of person or agency to whom the child was discharged, and shall submit this register to the Ministry as requested. (SEE also: CHILDREN'S RIGHTS and PROGRAMMING.)

OMS-25.4 Every operator shall maintain a case record for each child in care. (SEE also: PROGRAMMING.)

Guidelines

- OMG-25.1 All records should facilitate the planning process of the operator. (SEE OM-09.)
- OMG-25.2 All records should facilitate evaluation studies both internally and externally.
- OMG-25.3 Where appropriate the names and addresses of siblings should be part of the register. (SEE: OMS-25.3.)
- OMG-25.4 Minutes should be maintained of all regularly scheduled general staff meetings. (SEE: OMS-23.1.)
- OMG-25.5 Every operator should maintain an inventory control record of its supplies, equipment and physical plant. (SEE: OMS-10.1.)

Compatibility With Current Legislation

Current legislation in the area is generally more detailed in its requirements in that it more specifically defines the content of records. (SEE: PROGRAMMING.) Reporting frequency varies under the legislation from monthly to quarterly. Several Acts require separate ledgers to be maintained for each facility where a body operates more than one.

INSURANCE

Commentary

Insurance coverage has been dealt with as a separate section because it is regarded as an important area that is often overlooked in other standards documents dealing with residential services for children. It is considered important for:

- a) the protection of the service agency
- b) the protection of the agency's staff
- c) the protection of the clients (children) served.

Perhaps one reason why other standards documents do not deal specifically with insurance is that it is a particularly complex area. Several issues must be considered, including the type of coverage required, the availability of coverage for human service agencies considering the types of clients served, and cost. In addition, other related issues also require further study and discussion, for example, the possibility of legislating immunity for certain types of claims.

It is also noted that there is some belief that incorporation will serve the same protective purpose as insurance because of limitations to personal liability. This argument has not been accepted because the assets of the corporation are still vulnerable to physical damage, fire, liability suits, losses through crime, and so on. In other words, incorporation in and of itself does not necessarily ensure stability or viability, and corporations that lack adequate insurance could face closure in the event of damage or suit. Moreover, those that have legitimate claims against the operator, including the children served by the operator, would not be able to recover damages. This circumstance would obviously be undesirable. (7)

While the requirements of standards 26.1 (a) through (d) and (f) are not unusual, it is recognized that malpractice insurance is a difficult area. Therefore, it is hoped that insurance will be given careful thought, and that feedback will be generated from individual service providers, their advisors in the insurance field, and organizations such as the Ontario Association of Children's Mental Health Centres that are currently researching this area.

7. See the commentary section under Governing Body for further discussion of the incorporation issue.

Summary

All operators are required to carry insurance for the following exposures: Fire and Extended Coverage; Comprehensive General Liability insurance (including Malpractice); Automobile Fleet insurance, both on owned and non-owned.

OM-26

Insurance Coverage

STANDARD

OMS-26.1

Every operator shall have a policy of insurance covering the following risks:

- a) damage or destruction of the operator's physical assets by fire, flood or tempest
- b) damage or destruction to property lodged in the residence owned by the residents
- c) liability to third parties (8) or residents arising from any accident, mishap or other incident on the operator's premises
- d) liability to third parties (8) or residents arising through the use of any vehicle, whether owned or not owned by the operator, used by any of the operator's staff or agents on the operator's business
- e) professional malpractice on the part of the operator's staff and volunteers
- f) loss through theft.

Compatibility With Current Legislation

None of the existing Acts require or specify any requirements having to do with insurance.

8. "Third parties" includes any employee or volunteer of the residence not covered under The Workmen's Compensation Act.

PUBLIC RELATIONS

Commentary

Every organization exists within a community, a community composed of other organizations, individuals, and the public at large. For some organizations acceptance within a community may be relatively simple, particularly for those around which there is little controversy. However, as indicated earlier in the commentary under Statement of Purpose, this is hardly the case for human service organizations. Increasingly, the relationship between a human service agency and its community has become an essential element with respect to both survival and the success of programming. Operators must be able to communicate with their communities, that is, they must be able to communicate an understanding of their purposes, objectives, and programs - the reasons for their existence.

Apart from the reasons of acceptance and understanding, human service organizations must also rely more and more for resources that can only be tapped through mutual effort and co-operation. These resources take the form of information, funds, people, and support, and they serve to strengthen an organization, add to its vitality, and help it to stay relevant in an ever changing society.

The guidelines contained below are related to organization and management issues. The reader is referred to the sections on Children's Rights, Programming, Human Resources, and Community Integration for further discussion of access to and confidentiality of information, and standards and guidelines related to this area. Also, within the Organization and Management section, reference should be made to Governing Body and Record Keeping.

Summary

Every operator is advised to have a written policy on public relations and answering inquiries. Additional guidelines are also provided in these areas.

OM-27

Public Relations Policy

Guidelines

OMG-27.1

Every operator should have a written policy on public relations.

- OMG-27.2 Every operator should attempt to make use of other resources available in the community, and conversely, should share with other operators specialized resources it may have.
- OMG-27.3 All communications outside the residence should be full and accurate and all facts presented so as not to be misleading.
- OMG-27.4 The interpretation of program should be realistic and based on records, statistics and actual conditions and services that are a definite part of the facility's life and program.
- OMG-27.5 Other organizations, citizens and client groups should be encouraged to participate in the planning process. (SEE: OM-03 and OM-09.)
- OMG-27.6 All public relations policies should be in keeping with the principles, standards and guidelines under Children's Rights and Programming.

OM-28 Answering Inquiries

Guidelines

- OMG-28.1 Every operator should have a written statement about the responsibility to answer inquiries from any responsible source relating to its policy and program.
- OMG-28.2 Every inquiry should be responded to accurately, frankly and promptly in the same form in which it was asked (for example, a written response to a written inquiry).
- OMG-28.3 Every inquiry should be answered in a manner in keeping with the principles, standards and guidelines under Children's Rights and Programming.

Compatibility With Current Legislation

The current children's legislation does not deal specifically with public relations.

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7. RESIDENTIAL CHILD CARE PROGRAMMING

The Definition of Program

The term "program" is a generic * term currently in widespread use across many disciplines and fields of endeavour. Its meaning very much depends on the particular context of its use, and is used even within the field of residential care with varying scope and depth. Given the various aspects of service defined for the task of developing residential standards *, the term "program" has been used in a broad sense.

In a useful article on the nature of programming, Kamerman (1) refers to several definitions of "program" including:

- "the translation of a general goal into specific operation" and
- "a combination of activities to meet an end objective".

The three elements common to both of these definitions, though the terminology is different, are:

- desired outcome
- specific activities to be undertaken
- purposive linkage of the outcome and activities.

For the purpose of the development of residential care program * standards and guidelines *, the term "program" has been understood to refer to "a combination of activities or procedures carried out with the purpose of enabling the children in care * to function successfully within the community, or in a manner reasonably commensurate with their potential development". The term "program" will also be used frequently as a shorthand reference to "those persons responsible for the planning and operation of the program".

1. Kamerman (1975), pp. 412-420.

The Concept of Basic Care

Central to the development of the draft standards and guidelines for residential programming has been the concept of basic care *. The term basic care has been used to refer to the core or essential elements of residential programming for children that any residential program can be expected to provide whether the provider is a small parent-model * group home or a large shift-model * residence. A program may provide more than basic care, but it must not provide less than basic care. Basic care, to state it in a different way, is the provision of a wide range of nurturing and parenting activities in a highly normalized * manner. (Certain limited and specified exceptions to or modifications in the provision of basic care need to be made for specific specialized programs *, such as those providing secure care* or treatment strategies *. These exceptions are outlined in the section on Specialized Programming.)

The following principle was adopted to guide the overall development of programming standards and guidelines:

Noncompliance with the range of activities and procedures outlined in the standards for basic care programming shall be recorded, justified, and subject to review by the Ministry or other appropriate and designated body.

It is important at this stage to clarify what is not implied by the use of the term basic care. Basic care does not refer to the meeting of only so-called basic needs (e.g., food, shelter and clothing). It does not refer to the provision of the minimum means for ensuring survival. To be human is to have a broad range of needs - intellectual, emotional, social and spiritual - that must be addressed in a truly and fully human manner, no matter what the degree of a child's disability or disturbance. Basic care refers to the full range of rich and varied activities that in everyday life are considered necessary for the optimal growth and development of the total person. Providing this level of care adequately in a residential setting requires a high level of personal awareness, competence, understanding, genuineness, warmth and empathy (among other characteristics) on the part of the direct care worker *.

It is also important not to equate basic care with "normal parenting". As Bettelheim (2) well points out, there are important differences between the situation of the child in residential care and that of the child living in his or her natural family. Some of the dynamics putting increased pressure on the child in care, and consequently, on the direct care worker include:

2. Bettelheim (1950), pp. 24-25.

- heightened awareness
- fear/anxiety
- loss/separation feelings
- demand that new and intense relationships be formed
- new expectations
- critical scrutiny of all aspects of personal life
- transitory nature of the living situation
- uncertainty as to the future, in all respects.

And too, as Bettelheim makes clear, many activities that are considered routine by adults are often taken for granted and their importance for children neglected. He states that "for children these are often the central activities of their lives...personal contacts experienced around them influence the formation and also, the distortion of the human personality..." (3) The more disturbed the child, the more important do routine activities become and, often, the more significant the approach to such basic activities for "rehabilitation" or further growth.

Basic care not only refers to those activities that are primarily or exclusively directed to, or focussed on, the child, it also includes those program activities that are "organization" and "system"-related. The provision of care, with the delegation of authority and responsibility from the Government of Ontario, and with public funding, carries certain obligations with regard to accountability. This accountability involves functioning as a part of a larger network of services, acting in accordance with provincial policies, standards and guidelines, including following certain specific minimal procedures in terms of planning, recording * and reporting*.

Basic care, then, involves the provision of a high quality of child rearing, or parenting, adapted to the particular needs of the children in care, and meeting the necessary requirements for being part of a well-functioning children's services delivery system.

3. Bettelheim, op. cit., p. 15.

The Use of Specialized Services

A wide range of specialized services *, that is, services over and above those outlined in basic care, is now in common use in the field of children's services. (See the discussion in the commentary under Specialized Services.) These services are frequently provided on an "as needed" basis to children who are living in their own homes, or in a residential setting that can be characterized as providing a basic care orientation.

As the program priorities of the Ministry are translated into specific organizational developments, it is anticipated that more appropriate and readily accessible means of providing specialized services with minimal disruption of, and intervention in, more normalized * patterns of care, whether they be residential or non-residential, will be encouraged. That is, more emphasis will be placed upon bolstering a community service network to deal with children with special needs rather than upon developing or expanding large and highly specialized and formalized institutional programs. The residential programming standards and guidelines have been developed and written in a manner that allows for maximum flexibility in terms of the auspices and settings for residential services. In terms of organizational structure, the community group-home type facility, offering a strong basic care program with the integration of specialized services as required, is the exemplary residential care setting. The process already under way of reducing the number of larger training school facilities in favour of utilizing smaller community-based resources reflects this orientation.

Specialized Programming

As was mentioned earlier in the discussion of the concept of basic care, there will also continue to be a need for some programs to adopt in a conscious and planned manner an orientation that is significantly non-normalizing or specialized in overall orientation, in accordance with the exceptional needs or situations of the children requiring their services.

Such specialized programs include those that provide secure care, treatment strategies or a variety of ongoing, built-in, specialized services. Although each of these types of programs must alter the nature or range of basic care activities in order to function effectively in its specialized capacity, they should ensure that disruption of the normalized patterns is kept to the minimum consistent with effective functioning. In the area of treatment strategies, for example, it is well recognized that effective treatment cannot neglect the essential elements of caregiving and nurturance, and that often, in fact, the day-to-day care of the children is the essence of the treatment, no matter what particular strategy is adopted.

The standards and guidelines that follow are divided into major sections on:

- basic care programming
- specialized programming.

The basic care programming section outlines a wide range of activities and procedures, both mandatory and recommended, and includes consideration of the use and integration of specialized services. The specialized programming section deals with the use of treatment strategies and secure care.

Further Developmental Work to be Undertaken

It is important to point out that the accompanying residential programming standards and guidelines have not yet been examined in relation to programs for children with mental and physical handicaps, receiving home programs and camping programs that operate within the mandate of the Children's Services Division. Working groups composed of persons knowledgeable about and experienced in these areas will be brought together to examine the applicability of these standards and guidelines to such programs and to suggest to what extent additional provisions may need to be made for them.

However, although these programs have yet to be considered directly in the standards development process, submissions relating to the applicability of the present set of programming standards and guidelines to such programs are welcomed at this time.

THE RESIDENTIAL CARE PROGRAMMING STANDARDS AND GUIDELINES

In developing the residential programming standards and guidelines, it was recognized that the required and suggested practices proposed here will on first reading seem extensive indeed, particularly to providers of programs in small group homes. It should be emphasized that what is set out below represents good practice to which programs of all sizes and scope should give full consideration in developing their approach to caring for the children they serve.

At the same time, it is important to emphasize that no set of standards and guidelines can, or should attempt to, encompass or prescribe the full range of policies, procedures and activities of a program. Even with the introduction of programming standards and guidelines, it will still be necessary for individual programs, or groups of programs, to develop and refine these program approaches in greater detail. The residential programming standards and guidelines are intended to define the main elements for program planning and provision, along with some required minimums and some suggested preferred practices. In the case of certain specialized programs, such as those providing secure care or treatment, for instance, more detailed manuals will still need to be developed in accordance with the specific requirements of the particular program.

Statement of Residential Programming Goals and Principles

I. Basic Care Programming

Standard Setting Goal

To ensure that every child in a licensed children's residence in Ontario is provided with appropriate and high-quality basic care as required to meet his or her needs and situation, in order to enable the child to function successfully within the community and/or in a manner reasonably commensurate with his or her potential development.

II. Specialized Programming

Standard Setting Goal

To ensure that every child in a licensed children's residence in Ontario is provided with appropriate and high-quality specialized care or treatment, to complement or modify basic care, as required to meet his or her special needs, in order to enable the child to function successfully in the community in a manner reasonably commensurate with his or her potential development and/or in a less restrictive or less specialized facility.

Rationale

Residential services generally constitute the most powerful and comprehensive interventions affecting the lives of children and their families. Whatever their particular orientation, they provide a planned environment that offers the potential for full-time containment, influence and control. Such services, while they can offer an enriched environment, also necessarily provide an excluding environment, which interrupts and alters the child's stages of maturation and growth.

The term "basic care" refers to the core or essential elements of residential programming for children that any residential program can be expected to provide. The term "specialized programming" refers to programs that offer a variety of ongoing and in-residence specialized services, or serve a specialized function for children with exceptional needs or situations.

Principles

Ten main principles have guided the development of residential programming standards and guidelines:

1. Family Integrity: Residential programs should support rather than compete with the family unit wherever possible.
2. Individualization: Residential programs should strive to provide care in a manner that recognizes and addresses the unique capacities, needs and situations of the individual child in care.
3. Continuity of Care: Residential programs should strive to ensure that the care provided is appropriately integrated into the network of children's services.
4. High-Quality Care: Residential programs should be of the highest quality possible within existing levels of funding.
5. Fairness and Humanity: Residential programs should emphasize qualities of fairness and humanity rather than expediency or narrow notions of efficiency in the provision of service.
6. Normalization: Residential programs should reflect and support patterns of behaviour characteristic of normative * familial and community living.
7. Involvement in Decision Making: Residential programs should inform and involve the children in care and their families to the maximum feasible extent in decisions relating to the children's stay in residential care.
8. Accountability: Residential programs should be planned and implemented with appropriate reporting and provision of information to other related programs and persons, the community and the Ministry.
9. Consultation: Residential programs should consult with those receiving service, their families, related workers and other programs as appropriate in policy and program development.
10. Evaluation: Residential programs should regularly assess the effectiveness, appropriateness and efficiency of their activities, and the results of the evaluations should be communicated to those responsible for supervising the programs.

OVERALL PROGRAM ORIENTATION

Commentary

Much of the recent literature on the nature of organizations has stressed the need for organizations of all types to strive continually to overcome the tendency to become rigid or stagnant, and thereby become increasingly ineffective in carrying out the vital work that they were set up to do. Terms such as "self-renewal" and "regeneration" are used to describe a dynamic process whereby an organization can continue to develop towards more effectively accomplishing its goals.

As has been pointed out in the section relating to organization and management, an organization "can be considered to be a group of interdependent individuals working towards a common goal who interact to form an identifiable larger whole." In terms of present residential care services in the children's services area, organizations range in type and size from a parental family-type home with several children, through larger staffed homes and boarding homes, to large institutions consisting of hundreds of staff and children.

The key term of this section, namely "program", has already been defined as

a combination of activities and procedures carried out with the purpose of enabling the children in care to function successfully within the community, or in a manner reasonably commensurate with their potential development.

It is important that those involved in working with children in residential care examine and reflect upon what they are doing with and for children. Without engaging in such a self-critical process, a program cannot grow and develop, and adequately address the ever-changing needs and situations of the children in care. The Ministry also has an obligation to review the programs within its jurisdiction.

The standards and guidelines concerning overall program orientation are organized as follows:

- Program Statement: defines the nature of the program and the objectives it is seeking to achieve.
- Program Development Activities: identifies activities contributing to program self-renewal and improvement.
- Planning of the Living Group: focusses on the individual child's needs within the group living environment.

BCP-01

Program Statement**STANDARDS**

BCPS-01.1

The program shall have a written statement on the current overall program orientation. This program statement * (SEE also: ORGANIZATION and MANAGEMENT) shall be made available to referring agencies, case managers*, parent(s) or guardian* of children being considered for referral, as well as to appropriate representatives of the Ministry and to the public upon request.

BCPS-01.2

The program statement shall include both description and explanation related to the following:

- a) location, size, setting, staffing model
- b) philosophy, objectives, goals and methods
- c) children to be served - ages, sex, number, type of problems, conditions of behaviour
- d) length of stay
- e) staffing competencies (SEE: HUMAN RESOURCES)
- f) daily activities
- g) access to and use of specialized services (SEE: BCP-28)
- h) family involvement (SEE: BCP-20)
- i) community involvement (SEE: BCP-21 and COMMUNITY INTEGRATION)
- j) admission criteria, policies, and procedures (SEE: BCP-04, BCP-05, BCP-06)
- k) discharge and aftercare policies and procedures (SEE: BCP-36, BCP-37)
- l) provision for program self-evaluation.

BCPS-01.3

A meeting of all program staff * shall be held at least annually to review the program statement.

Guidelines

- BCPG-01.1 The program should be planned to provide a consistent, well-structured yet flexible framework for daily living.
- BCPG-01.2 Elements of the program should be periodically reviewed and revised in accordance with the changing needs of the children in care, increased knowledge of effective program practices, changing needs for staff competencies (SEE: HUMAN RESOURCES) and awareness, changes in the service system and other relevant factors.

BCP-02 **Program Development Activities**

Guideline

- BCPG-02.1 The program should engage in the following ongoing program development activities:
- a) periodic analysis of the characteristics, needs and situations of children likely to require residential care in the program
 - b) an analysis of the community's support services available to children in the program
 - c) a continuous process of planning, developing, reviewing, and evaluating the program's effectiveness in identifying and meeting the needs of the children it serves
 - d) consultation with parents and guardians of children in the program
 - e) careful consideration of comments, criticisms and suggestions made by children who are at present in, or who have left, the program
 - f) seeking guidance and interchange of ideas from persons experienced in, and knowledgeable about, aspects of the program or similar programs
 - g) formal or informal program self-evaluation

- h) analysis of reasons for refusing admission, premature departure from the program, leave-taking by children without permission, deterioration in the atmosphere or functioning of the program, or other significant occurrences that might suggest areas for possible program adjustment
- i) examination of periodic contact and staff interchanges with other programs dealing with a similar range of problems, conditions, approaches, objectives, or techniques (4)
- j) review and utilization of relevant research, reports, surveys, articles, and books (5)
- k) consultation with local, regional and provincial networks of services and resources for the purpose of identifying service gaps, overlaps and areas for co-operative planning.

-
- (4) The Children's Services Division Inventory of Residential Services soon to be published will provide a list and description of residential programs within the mandate of the Children's Services Division.
 - (5) The Ministry of Community and Social Services Library, currently located on the 6th Floor at 880 Bay Street, Toronto, M5S 1Z8, is a useful source of materials and assistance.

BCP-03

Planning of the Living GroupGuidelines

BCPG-03.1

The composition of the living group, (i.e., the age, sex, physical size, and characteristics of the children in care) should be regularly reviewed and evaluated in order to maximize the potential for positive and growth-enhancing interaction between and among children in care.

BCPG-03.2

Specifically, the living group should be planned to provide maximum opportunity for:

- a) appropriate and ample ongoing personal and special attention for each child from the program staff
- b) the child to experience security and comfort through experiencing the program staff as physically close and available both day and night
- c) the child to confront, cope with, and resolve personal problems and conflicts at his or her own level of maturity, competence, understanding and pace
- d) the child to express and share excitement, warmth, joy, success, and other positive interactions with both children and program staff
- e) the child to experience himself or herself as unique, valued and competent, and as a significant contributing member of a larger group
- f) the child to exercise and develop confidence and responsibility in undertaking and pursuing routine activities of daily living and special projects
- g) the flexible adjustment of routines to take into account special or extraordinary situations or events.

RECEIVING THE CHILD INTO CARE

Commentary

The first encounter of a child with a program is most important in laying the foundation for a positive experience in care. As Bettelheim (1950) points out:

"Never again will he be as hopeful or as fearful about his life there, about the adults and the other children, about the activities, and about how he will stack up in the new order. But never again will he be quite so apt to misinterpret what he experiences, to distrust and to fight us. On the other hand, his behavior may never again show us so clearly what he is most frightened about, how distorted his view of reality is, and how he tries to defend himself against real problems and imaginary dangers." (6)

Due regard must also be given to the concern, anxiety and feelings of separation that may also be present in the child's parent(s) or guardian. They, too, have a need for reassurance that the placement is a suitable one, that it is a temporary and constructive measure, and that the child will be well cared for.

During the admission phase crucial linkages between the child and his home and family are being weakened and the need for understanding and support towards all who are affected is great. The importance of approaching this highly significant process in a sensitive and genuinely personal matter cannot be overemphasized.

As the initial step, an admission study * is to be completed, including prompt attention to the referral, appropriate gathering of information and documentation *, adequately comprehensive assessments as required, and significant personal involvement of those persons most knowledgeable about the child and concerned about his or her welfare. In order to eliminate misunderstandings and to clarify as far as possible the complex and emotion-laden processes surrounding placement, a written placement agreement * is required that should involve the child, parent(s) or guardian, the case manager, and other persons as appropriate.

6. Op. cit., p. 44.

Reports and records on the previous care and situation of the child must be as complete as possible in recognition of the fact that the cumulative knowledge and experience of the parent(s) or guardian will be lacking in the day-to-day care of the child. Every reasonable attempt ought to be made to ensure that there are not critical gaps in the program's understanding of the total situation of the child. Programs providing emergency care will of necessity be unable to comply with some of the required admission procedures, and will be permitted to modify them accordingly.

As admission is the initial phase in the continuum of residential services, it is important that it be carried out as comprehensively as possible with the active participation of all concerned parties, i.e., the child, the child's parent(s) or guardian, the case manager, and any other persons significant in the child's life.

Standards and guidelines relating to the admission process will be presented under the following headings:

- General Admission Policies: statements outlining the program's overall admission orientation.
- Admission Procedures: steps including a comprehensive admission study, a placement agreement, and a record of all documentation necessary to ensure that there are no critical gaps in the program's understanding of the child's total situation.
- Child's Entry Into the Program: introduction of the child, his or her parent(s) or guardian and the case manager to the program.

BCP-04

General Admission Policies

STANDARDS

BCPS-04.1

The program shall have written admission policies that shall include reference to the needs, problems, situations or patterns of behaviour that the program is best able to address, and any pre-placement requirements for referring agencies or persons, or children being referred.

BCPS-04.2

The program shall not refuse admission to any child on the grounds of race, religion and ethnic origin. (SEE: CHILDREN'S RIGHTS for discussion.)

BCPS-04.3

The program shall not admit more children into care than the number specified in its licence. In extraordinary or emergency circumstances, the Ministry may approve specific exceptions. In normal circumstances, the program shall apply for a new licence before additional children over and above the licensed limit are admitted to care.

BCPS-04.4

When a child who is a clear and substantial danger to self and others is to be admitted, the program shall document that it has:

- a) provided for sufficient staffing, supervision and/or physical security to prevent, with reasonable assurance, harm by the child to self or others
- b) provided for appropriate monitoring and review of the child's situation
- c) developed a suitable contingency plan with such persons as a psychiatrist, psychologist or physician and the child's case manager.

Guidelines

BCPG-04.1

The program should ensure that any child admitted to the program is assigned a prime worker * who is fluent in the child's working language and knowledgeable about the child's culture.

BCPG-04.2

The program should ensure that the child, his or her parent(s) or guardian, case manager and others, as appropriate, are provided ample opportunity to participate in the admission process and decisions, and that ample consideration is given to their concerns and feelings regarding the separation and placement. Where such involvement of the child's parent(s) or guardian is not possible, feasible or desirable, the reasons for their exclusion shall be recorded in the admission study.

BCP-05

Admission Procedures**STANDARDS**

BCPS-05.1

The program shall accept a child into care only when an admission study has been completed and a determination made that the needs of the child can be appropriately addressed.

BCPS-05.2

The admission study shall be documented, kept in the child's case record * and shall include but not be limited to the following:

- a) documentation relating to an assessment of the child's needs
- b) explanation of the selection of the particular program
- c) the child's and the parent(s)' or guardian's expectations regarding:
 - i) family contact and involvement
 - ii) the nature and goals of care, including any specialized services to be provided
 - iii) anticipated discharge date and aftercare arrangements
- d) a delineation of the respective roles and responsibilities of all agencies and persons involved with the child and his or her family.

BCPS-05.3

The program shall give written notification to the referring person or agency within 21 calendar days from the date of referral of the program's intention to admit or refuse a child formally referred to the program. Where there is an intention to admit, the anticipated date of admission shall be indicated.

BCPS-05.4

The program shall ensure that a written placement agreement is completed. A copy of the placement agreement signed by all parties involved in its formulation shall be kept in the child's case record and a copy shall be provided to each of the signing parties.

BCPS-05.5

The placement agreement shall be formulated with the involvement of the child, the parent(s) or guardian and the case manager. Where the involvement of any of these is not possible, feasible or desirable, the reasons for their exclusion shall be recorded. The placement agreement shall include but not be limited to the following:

- a) authorization to care for the child
- b) authorization to obtain medical care for the child
- c) individual and separate releases of information from appropriate agencies and/or persons previously and/or presently involved
- d) financial agreements on the cost of care, where applicable
- e) arrangements regarding family visits, vacations, mail, gifts and telephone calls
- f) arrangements as to the nature and frequency of reports to, and meetings involving, the parent(s) or guardian and case manager
- g) provision for notification of parent(s) or guardian and/or the case manager in the event of unauthorized absences, medical or dental problems, and any other significant events regarding the child
- h) procedures to be followed in the event of premature departure from the program.

BCPS-05.6

The placement agreement shall be reviewed if so requested by the child, the child's parent(s) or guardian, or case manager, and such a request shall be noted in writing.

BCPS-05.7

At the time of placement, the program shall obtain information and documentation necessary for the proper care of the child. Such information and documentation shall be kept in the child's case record. (SEE: BCPS-29.1(c) for the standard outlining what should be included.)

BCPS-05.8

The program shall ensure that each child admitted to care shall have had a general medical examination by a licensed physician within 30 days prior to admission, or shall have one within 24 hours of admission. The program shall also ensure that each child admitted to care shall have had a dental examination by a licensed dentist within 6 months prior to admission, or shall have one within 30 days of admission. Documentation of both the medical and dental examinations shall be kept in the child's case record.

Guidelines

BCPG-05.1

The prime worker should be designated at the time of admission. (SEE: BCP-24.)

BCPG-05.2

The placement agreement should be revised only with the agreement of the original signing parties.

BCP-06

Child's Entry Into the Program

STANDARD

BCPS-06.1

Upon entering the program the child shall be examined by program staff for illness, fever, rashes, bruises, injury, or any physical complaints. The result of this examination shall be documented and kept in the child's case record.

Guidelines

BCPG-06.1

The program staff should determine whether the child is currently receiving medical treatment or medication, or is suffering from any allergy or physical ailment.

BCPG-06.2

The program should provide orientation for each child entering the care of the program. The same opportunity for orientation to the program should be available to the child's parent(s) or guardian, and case manager.

BCPG-06.3

The orientation should be carried out in accordance with the child's ability to understand, and should be the responsibility of the child's prime worker. It should include but not necessarily be limited to:

- a) pre-placement visit or visits to, and tour of the program setting, where feasible
- b) introduction to staff on duty, and other staff as requested or appropriate
- c) introduction to children in the program
- d) discussion of the nature of the program orientation in a manner intelligible to the child, the parent(s) or guardian, and the case manager
- e) discussion of rules, regulations, rewards, discipline * and punishment *, and the reasons for their use
- f) preparation of other children in care and program staff for receiving the child into care
- g) preparation of the child's living and sleeping space in advance of his or her actual placement.

INDIVIDUALIZED PLAN OF CARE

Commentary

Each child entering the program is a unique person with specific characteristics and needs, and living within a unique and complex situational context. It is not sufficient for a program to expect or require that a child adapt to the program as it has existed prior to his or her coming into care. The abstract and general goals of the program as set out in the program statement need to be translated into specific statements relating to the child's own needs, the appropriate initiatives and responses to be attempted by the program, and the objectives for the child's stay in care.

Though the assessment process prior to placement will have addressed the child's needs and determined the appropriateness of the program for the child, the development of a plan of care * is necessary in order to outline with greater precision the specific objectives to be worked towards within a given period and to clarify and make explicit the individualized program responses.

The plan of care, in addition to being individualized, should be time-limited and goal-oriented. The plan of care needs to be reviewed at frequent intervals and to state as clearly and specifically as possible the goals and objectives of care for the child, both over the longer term and within the specified time interval before the next scheduled review.

The particular nature of the plan of care will, of course, differ considerably from program to program. Programs that provide basic care with little or no specialized service component are not likely to require plans of care as extensive or detailed as those programs employing treatment strategies. And, too, some programs employing certain treatment strategies, such as extreme aversive * behavioural intervention procedures and techniques *, may require more extensive recording and review than treatment strategies of a different type.

In all cases, it is considered important to actively involve the child, the parent(s) or guardian, the case manager, appropriate staff and other persons significant in the life of the child to the maximum extent possible and desirable. Parental involvement should be encouraged and facilitated even in cases where it may not be required, such as in relation to children who have been made wards of training schools or Children's Aid Societies.

BCP-07

Plan of Care**STANDARDS**

BCPS-07.1

The program shall develop for each child in care, within 30 days of placement, a written, individualized, time-limited, and goal-oriented plan of care, that shall include:

- a) a statement of goals to be achieved or worked towards for the child and his or her parent(s), family or guardian, during the child's stay in the program
- b) specification of the daily activities, including education and recreation, to be pursued by the program staff and the child in order to attempt to achieve the stated goals
- c) specification of suitable staff responses to the child
- d) specification of any specialized services that will be provided directly or arranged for, and measures for ensuring their proper integration with the child's ongoing program activities
- e) specification of time-limited targets in relation to overall goals and specific objectives
- f) goals and anticipated plans for discharge and aftercare.

BCPS-07.2

The initial plan of care shall be recorded and entered into the child's case record.

BCPS-07.3

The child's development in relation to the plan of care shall be reviewed with the child by the prime worker and other appropriate program staff at least every 90 days and the review noted in the child's case record.

Guidelines

BCPG-07.1

The plan of care should be developed in a conference involving, whenever possible and desirable, the child, his or her parent(s) or guardian, the case manager, the prime worker and other appropriate program staff, and may involve any other persons who have significant contact with the child.

BCPG-07.2

The child, child's parent(s) or guardian, case manager and prime worker should be involved in a review of the plan of care at least every 90 days and should be informed when any significant revisions are made in their absence.

BCPG-07.3

The initial plan of care and revisions of it should attempt to ensure that all aspects of the ongoing daily program and specialized services are optimally integrated, one with the other, in terms of both planning and implementation.

DAILY LIVING EXPERIENCE

Commentary

Whereas the previous three sections have dealt with overall program orientation issues and placement planning, this section begins the consideration of the everyday realities of the caregiving process and experience. The patterns of day-to-day life as experienced by children and their direct care workers constitute the essence of residential care programming.

To optimally enhance each child's development it is important that the program's daily schedule of activities be flexible and take into account individual needs and differences. Areas that need to be addressed in a personal and supportive way are: waking, dressing, personal care, preparing for school, eating appropriately and sufficiently, work or program activities, keeping appointments, socializing with others, initiating, maintaining, and developing family relationships, playing, pursuing hobbies, getting adequate exercise and rest, recognizing, coping with and resolving personal problems, preparing for bed, and sleeping.

Opportunities should also be provided for children to freely experience, express and develop their own individual needs, interests, aptitudes and abilities, and to participate in individual and group problem-solving and decision-making processes. Implicit throughout the program's daily activities must be a concern for the development of ethical, spiritual and moral values, respecting the beliefs and values of each child's family.

The standards and guidelines concerning daily living experiences are grouped under the following categories:

- personal care
- rest
- nutrition
- clothing
- use of money
- in-residence work
- religion
- decision making
- privacy and free time
- personal belongings and living space.

BCP-08

Personal CareGuidelines

BCPG-08.1

The program should provide instruction in personal care, and should ensure that each child is provided with appropriate items such as towels, washcloths, toothbrush and other toiletries.

BCPG-08.2

As part of the process of developing sound health and personal hygiene habits and practices, the program should foster each child's recognition of:

- a) the need for personal care, cleanliness and regular change of clothing to become an accepted routine
- b) the need for positive attitudes towards safe and healthful living
- c) the individual's responsibilities both for his or her own health and safety and for the health and safety of others
- d) the structure, functioning, maturation and growth processes of his or her own body
- e) his or her sexuality, sexual attitudes and behaviour
- f) the need for adequate physical exercise.

BCP-09

RestGuidelines

BCPG-09.1

The program should ensure that each child has the amount of uninterrupted sleep he or she requires.

BCPG-09.2

The program should plan routines in respect to getting up in the morning and going to bed.

BCP-10

NutritionSTANDARD

BCPS-10.1

The program shall have a written plan for the preparation and serving of food that conforms to the provisions of the Canada Food Guide issued by the Department of National Health and Welfare of the federal Government of Canada, and gives evidence that:

- a) each child is provided with a nutritious and well-balanced diet
- b) each child is provided with at least three meals each day, each with a different menu
- c) nutritious between-meal and evening snacks are made available
- d) special diets are provided for children who require them
- e) religious, ethnic and cultural differences of the children are respected.

Guidelines

BCPG-10.1

For assistance with the provision of a nutritious and well-balanced diet, a registered professional dietician should be consulted.

BCPG-10.2

The program should take into account the social, educational and therapeutic values of food. Food should be well prepared, palatable and attractively served. Dishes, flatware, place mats or tablecloths, and napkins that add aesthetically to mealtime should be used. Children should be encouraged rather than coerced to eat as many different foods as possible, with recognition of individual tastes and differences in quantity of food required. Food should be of sufficient quantity to allow for second helpings. Mealtime should be a pleasurable experience in a relaxed atmosphere. Program staff should sit with children at meals and normal conversation at the table should be encouraged.

BCPG-10.3

No child should be forced to eat. In circumstances where a child continuously refuses to eat, a licensed physician should be consulted.

BCP-11

ClothingSTANDARDS

BCPS-11.1

The program shall have a list of the type and amount of clothing it considers adequate for children in care.

BCPS-11.2

The program shall ensure that each child has a supply of personal clothing of suitable quality and size in relation to the child's age, seasonal weather conditions, activities, and community clothing norms.

Guideline

BCPG-11.1

The program should:

- a) encourage children who are able to take part in budgeting for their clothes to do so and their preferences as to style of dress should be taken into account. Adolescents should have a clothing allowance and should go shopping for their own clothes
- b) provide adequate closet and drawer space for each child in his or her bedroom.

BCP-12

Use of MoneySTANDARD

BCPS-12.1

The program shall ensure that each child has personal spending money.

Guidelines

BCPG-12.1

The children's money should be accounted for separately from the program's funds, and the program should document the procedure for handling children's money. (SEE: ORGANIZATION and MANAGEMENT.)

BCPG-12.2

Where a child receives an allowance, it should be in an amount appropriate to the age of the child and sufficient to provide for reasonable personal expenses. Money earned or received as a gift or allowance by a child should be his or her personal property, though limits may be placed on the child's receiving such money if it is determined to be in his or her best interests. Where a child's personal situation and plan of care so indicate, provision may be made for the child to cover some room or board or other related living expenses.

BCPG-12.3

A child should have the opportunity to possess money and learn how to spend it appropriately. The child should not be expected to use his or her allowance for expenses that the agency should assume. Reasonable deductions from the child's allowance may be made to pay for damages done by the child.

BCP-13

In-residence Work

Guidelines

BCPG-13.1

The program should use work assignments only insofar as they provide a constructive experience for children and not as unpaid substitution for adult staff. The program should adhere to the related provisions of The Child Welfare Act, The Industrial Safety Act and The Employment Standards Act.

BCPG-13.2

The program should adhere to the following practices in assigning work to children:

- a) Work assignments should be considered as part of the participatory responsibility of living together.
- b) Some special assignments should be made available as a means of earning money.
- c) Work assignments should be made in accordance with the age and ability of the child.

- d) Jobs or chores for children should be assigned so as not to conflict with the scheduling of schooling, play time, extracurricular activities, normal community visits or visits with families and friends.
- e) Children should be offered some choice in their chores, and a periodic change of routine to reduce monotony and provide a variety of experience.

BCP-14

ReligionSTANDARD

BCPS-14.1

The program shall ensure that children are given the opportunity for religious experience and affiliation in accordance with their personal preferences or in accordance with the preference of their parents where the children are under 16 years of age.

Guidelines

BCPG-14.1

Religious observance should not be a compulsory part of a child's program unless this is in accordance with his or her wishes, or the wishes of his or her parents where the child is under 16 years of age.

BCPG-14.2

Children should be taught to respect the right of others to their own form of worship.

BCP-15

Decision MakingGuideline

BCPG-15.1

The program should ensure that children have the opportunity, as appropriate to their age and abilities, to engage in personal and group discussion, to exercise critical judgement in all areas of living, and participate in decision-making processes.

BCP-16

Privacy and Free TimeSTANDARD

BCPS-16.1

The program shall not open or censor correspondence to or from children in care. (SEE: commentary on Secure Care and SPS-02.5 for exception.)

Guidelines

BCPG-16.1

The program should respect the child's right to privacy to the maximum extent compatible with the care and safety of the child and the proper functioning of the residence. (SEE: CHILDREN'S RIGHTS for discussion.)

BCPG-16.2

The program should make provision for children to have periods of free, unplanned time during the course of the day's activities.

BCP-17

Personal Belongings and Living SpaceSTANDARD

BCPS-17.1

The program shall allow the child to bring personal belongings to the program and to acquire belongings of his or her own. However, the program shall, as necessary, limit or supervise the use of these items while the child is in care. Where, in the interests of safety or the child's program, limitations are imposed, the child shall be informed by a program staff person of the reasons, and the decision and reasons shall be recorded in the child's case record.

Guidelines

BCPG-17.1

The program should provide each child with individual and private storage space. (SEE: PHYSICAL PLANT.) The child should be permitted to decorate, in a manner easily altered by future children in care, his or her own sleeping area or bedroom.

- BCPG-17.2 In the event of a child's temporary absence, his or her sleeping area or bedroom should be maintained wherever possible.
- BCPG-17.3 Frequent changes of a child's living space should be avoided.

BCP-18 **Medical and Dental Care**

STANDARDS

- BCPS-18.1 The program shall have a documented health program that includes the following:
- a) co-ordination with and resident access to community health programs
 - b) at least annual appraisal of the health, vision, dental, and hearing status of the children
 - c) provision of health education
 - d) the carrying out of recommended procedures for the prevention and control of disease
 - e) establishment of an ongoing immunization program.
- BCPS-18.2 Where it is proposed to administer any medical treatment to a child, the proposed procedure and its implications should be fully explained to the child and staff in language suitable to his or her age and understanding.
- BCPS-18.3 The program shall establish an ongoing relationship with a licensed physician and dentist to advise the program concerning medical and dental care as required by the children in residence.
- BCPS-18.4 In addition to the admission examinations a child shall have physical and dental examinations at least annually thereafter.

BCPS-18.5	Cumulative health and dental records for each child shall be kept in the child's case record.
BCPS-18.6	The program shall make provision and establish procedures for hospitalization and/or emergency medical or surgical treatment of children in care.
BCPS-18.7	All prescription medicines shall be administered under the supervision of the program staff and only on orders of a licensed physician.
BCPS-18.8	An accurate record shall be kept of all medication given, including specification and duration of the medication, when each dose is given and by whom.
BCPS-18.9	A first aid kit shall be available to staff for quick use.
BCPS-18.10	A person who holds a current Red Cross or standard St. John Ambulance certificate in first aid shall be available at all times.

Guideline

BCPG-18.1	A child receiving hospital care should be visited frequently by a member or members of the program staff and other children where appropriate.
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DISCIPLINE, PUNISHMENT AND CONTROL

Commentary

Any residential care program depends primarily on the day-to-day relationships between the staff and children in care to ensure adherence to the rules of the program and that behaviour conforms to reasonable expectations that take into account the characteristics of the children in care and the nature of the program.

Discipline can be broadly defined as the degree of order maintained, or the act of maintaining order, in the program. Punishment is a purposive negative response to a breach of a rule or the occurrence of behaviour considered undesirable and requiring alteration. Control refers to the placing of constraints on a child who is unable to exercise sufficient self-control within prescribed limits.

There exists a wide range of possible responses to rule violations or undesirable behaviour, and actual punishment or deprivation should be used only after more positive and non-punitive approaches have proven ineffective. Many of the children in care will have experienced considerable negative response in their past, often including various forms of corporal punishment, and this experience may be a major contributing factor to their placement in residential care. It is vitally important that such negative experience not be continued in the residential program, and that more creative and positive responses be developed with specific attention to each child's unique situation, stage of development, and perception of authority. Ultimately, the attitude of the direct care staff will be a key factor and staff should be guided by the principle of not doing what they would not want done to themselves.

Due to their strong potential for abuse, corporal punishment, isolation in a locked room and other extreme measures (SEE : SP-02) are prohibited as routine discipline, punishment or control measures. The application of such extreme responses will be permitted only in programs specifically authorized to do so by the Minister. The use of locked isolation will be permitted only in programs designated as secure care programs. Such programs must obtain formal approval on the basis of a written and detailed plan as outlined in standards SPS-02.1 and SPS-04.2.

Although it is difficult to distinguish clearly and definitively between the conscious use of a normal range of rewards and punishments and the application of more formal behavioural intervention procedures and techniques, the intent of the following set of standards and guidelines is to assist in making this distinction.

The general principle adopted is a general prohibition against the use of force by staff against children with the following two exceptions:

1. reasonable restraint of children causing harm to themselves or others - this would include reasonable use of force by staff to protect themselves from assaults by children, and
2. treatment techniques employed as part of a child-specific treatment plan by a program that has received Ministry approval for the use of such techniques on the basis of a written overall program plan. (SEE: section SP-01 on Treatment Strategies.)

BCP-19 **Discipline, Punishment and Control**

STANDARDS

BCPS-19.1

The program shall have written policies and procedures regarding discipline, punishment and control.

BCPS-19.2

The program shall not utilize the following forms of discipline, punishment and control:

- a) corporal punishment, including but not limited to the following:
 - i) striking a child, directly or with any physical object
 - ii) shaking, shoving, spanking or other forms of aggressive physical contact
 - iii) punishment of a child by another child or group of children condoned by, or at the instigation of, staff
 - iv) requiring or forcing the child to take an uncomfortable position, such as squatting, bending or standing against a wall
 - v) requiring or forcing the child to repeat physical movements
- b) harsh, humiliating, belittling or degrading responses of any form, including verbal, emotional and physical

- c) deprivation of what the child is entitled to, or what is necessary for proper development, care or treatment, including but not limited to:
 - i) family visits
 - ii) food, shelter, clothing or bedding
- d) extensive withholding of emotional response or stimulation
- e) placing or keeping a child in a locked room
- f) requiring the child to remain silent for long periods of time
- g) mechanical * or excessive physical restraint
- h) exclusion of the child from entry to the residence
- i) assignment of unduly physically strenuous or harsh work
- j) prolonged confinement to bed.

BCPS-19.3

In the event that any staff person violates standard BCPS-19.2, he or she shall write a descriptive and explanatory statement regarding the incident and shall forward it to the program operator. The program operator shall forward this statement to the Ministry with his or her comments and a report on any action taken or anticipated.

BCPS-19.4

Any program that makes use of a specifically designated unlocked room (often referred to as a quiet room or time-out room) for the purpose of control or isolation shall have written policies and procedures on its use, which shall include but not be limited to the following:

- a) designation of who may authorize the use of the room
- b) the requirement that each time a child is placed in the room, the precipitating circumstances shall be recorded along with the child's behaviour in the room and the length of time he or she spends in it
- c) the requirement that no child shall be left in the room without a staff member assigned the responsibility of supervising the child in accordance with the child's behavioural and emotional state.

Guidelines

BCPG-19.1

Consideration should be given to the following measures for discipline, punishment and control:

- a) bringing attention to the action
- b) expression of disapproval
- c) discussion of the incident, including the child's explanation and the staff person's reason or reasons for disapproval
- d) giving direction, or placing limits on behaviour
- e) removal of privileges
- f) assignment of appropriate and reasonable extra duties that are not part of the regular routine and yet constitute a contribution to the total group or community
- g) reparation for damage
- h) temporary removal from the situation or group
- i) grounding (limitation on out-of-residence activities)
- j) physical restraint, only for the purpose of protecting people and/or property, and only to the degree necessary for such protection.

BCPG-19.2

The program should ensure that disciplinary measures are:

- a) administered as soon after the offensive behaviour as possible
- b) reasonably related to the nature of the offence, and are not excessive
- c) motivated by the desire to assist the child to learn from the experience, and not by hostility.

FAMILY INVOLVEMENT

Commentary

A child's problems, needs and patterns of behaviour cannot be understood apart from his or her family history and present family context. The provision of residential care necessarily frequently involves sensitive and complex relationships with parents. Where foster parents are involved with the child, many issues and concerns similar to those encountered with natural parents need to be addressed and worked through if the child is to be able to be returned to them, and if they are to be ready to successfully accept the foster child back into their home.

Frequently a child's problems or maladaptive behaviour patterns reflect dysfunction in the family unit. It is highly desirable to extend services to such a family and to ensure that these services form an integral part of the child's plan of care.

The parents of a child requiring residential care, for whatever reason, will often experience a mixture of feelings including a sense of loss, failure, anger, guilt and rejection. They may also go through periods of idealizing the placement, overindulging their child, disparaging the program, or attempting to sabotage the placement. In some cases their children are committed to care through the courts and against their wishes.

Though the importance of the family in a child's life has generally been well recognized, residential programs have too often neglected the delicate and often difficult task of attempting to connect with the parents and, where appropriate, the siblings in a sincere and ongoing relationship. Too often, an initial negative contact with a child's parents is accepted as closing the door on any constructive working together. Except in those instances where no relationship is possible, due to abandonment or total unavailability, or where the best interests of the child indicate the need to be protected from parental contact, the positive involvement of the child's family is a sufficiently critical factor to be worth considerably more attention and effort than is often given.

BCP-20

Family Involvement

STANDARD

BCPS-20.1

The program shall include in its program statement a description of its overall approach to fostering positive family relationships for individual children in care and for the program as a whole. (SEE: BCPS-01.2.)

Guidelines

BCPG-20.1

The program's plan for family involvement should be designed to:

- a) preserve, maintain and develop the child-family relationships
- b) facilitate family contacts including correspondence, telephone calls and weekend visits
- c) enable parents and siblings to recognize and involve the child as a continuing member of the family
- d) ensure that parents exercise their legal rights and responsibilities in a manner compatible with the child's best interests
- e) encourage independent functioning of the family by recognizing its strengths and assisting it to function with minimal outside intervention
- f) facilitate the return of the child to his or her family.

BCPG-20.2

The special needs of children without families or without regular family contact should be recognized. The program should consider the involvement of "volunteer" families, "big brothers" or "big sisters" to provide additional supportive relationships for the child.

COMMUNITY INVOLVEMENT**Commentary**

As the ultimate goal of residential programs is to enable the child to function successfully within the community, there is an obligation on the part of the program to maintain strong relationships with persons and resources in the community. It is important that children in care be encouraged to engage in community activities to the maximum extent consistent with their needs and capabilities. The informal organizational linkages, such as the forming of friendships and the use of public spaces and facilities, can be as important as, if not more important than, the formal organizational linkages in providing the familiarity and support necessary to the child when discharged from residential care.

BCP-21 Community Involvement**STANDARD**

BCPS-21.1

The program shall include in the program statement its overall approach to fostering positive community relationships for individual children in care and for the program as a whole. (SEE: BCPS-01.2 and COMMUNITY INTEGRATION.)

Guideline

BCPG-21.1

The program's approach to community involvement should be designed to:

- a) encourage the children in care to develop positive friendships outside the program
- b) involve the children in normal aspects of community life, including recreational, educational and cultural programs, activities and events and the use of community facilities organizations and resources
- c) lessen the perceived distance between normal community routines and activities and those of the program
- d) enlist the support and involvement of informed citizens essential for relevant and effective operation of the program
- e) provide for active interpretation of and education within the community on the nature and functioning of the program.

STAFF-CHILD RELATIONSHIPS

Commentary

Staff interacting with children in care on an ongoing basis need to have a high level of personal awareness, competence in human interaction, patience, genuineness, warmth and empathy (among other characteristics as set out in the Human Resources section).

The cumulative patterns of staff-child relationships constitute powerful forces in the growth and development of the child and great care must be given to the conscious and purposive development of these patterns. Acknowledgement must also be given to the importance of spontaneous and intuitive responses.

The essential elements of human caring need to be well recognized and fostered to a high degree in any residential care program, no matter the stage of development of the children.

Caring is also more than good intentions. As one author (Mayeroff, 1971) points out:

We sometimes speak as if caring did not require knowledge, as if caring for someone, for example, were simply a matter of good intentions or warm regard. But in order to care, I must understand the other's needs and I must be able to respond properly to them, and clearly good intentions do not guarantee this.

and further:

I cannot care by sheer habit; I must be able to learn from my past. I see what my actions amount to, whether I have helped or not, and, in the light of the results, maintain or modify behaviour so that I can better help the other.(7)

7. Pp. 13-14, and onward.

BCP-22

Staff-Child RelationshipsGuidelines

BCPG-22.1

Staff attitudes should be, in general, warm, friendly and accepting. Staff should attempt to express themselves positively wherever possible, and be aware of the effect on the children of voice quality, tone and non-verbal gestures while providing appropriate structure and limits.

BCPG-22.2

All those involved in caring for or providing service to children in care should exhibit a high level of personal awareness, competence in human interaction and those traditional human qualities such as patience, honesty, trust, humility, hope and courage considered essential to the development of good caring relationships.

BCPG-22.3

Staffing patterns should be examined in terms of the consistency and continuity of child-staff relationships to ensure that the average staff length of stay is longer than the average child length of stay. (Extensive consideration is given to staffing practices in the Human Resources standards and guidelines.)

PROGRAM STAFF PRACTICES AND PROCEDURES**Commentary**

A certain degree of internal consistency and commonality of purpose and procedure among the program staff is essential to the provision of high-quality care and the day-to-day continuity of care. This depends on adequate opportunity to share ideas and experiences, to pass on necessary information from one shift to another, and to develop consistency in responses, common practices and appropriate sharing of tasks.

BCP-23

Program Staff Practices and ProceduresSTANDARD

BCPS-23.1

All direct care workers shall have free access to appropriate case records and daily logs and shall be notified concerning any changes in the plans of care for the children with whom they work directly. (SEE: HUMAN RESOURCES.)

Guideline

BCPG-23.1

There should be clear, adequate and frequent communication among all the program staff (SEE also: HUMAN RESOURCES,) concerning:

- a) the nature and functioning of the program as a whole, and its suitability to the group of children in care
- b) the needs and situations of individual children in care, and the most appropriate and effective ways of addressing them
- c) the functioning of staff both individually and as a team, and ways in which their functioning can be better integrated
- d) practices and procedures relating to the use and storage of medications and dangerous objects or substances (SEE: PHYSICAL PLANT)
- e) provision for the cleanliness, upkeep, decorating and furnishing of the residence (SEE: PHYSICAL PLANT)
- f) rules, routines and discipline
- g) nature and patterns of supervision.

PRIME WORKER**Commentary**

The designation of a prime worker is an attempt to provide a single point of accountability within the residential program for the child, and a person who will act as a spokesperson for the child's interests while in the program. In a program staffed by a married couple, the couple may in effect share the prime worker role fairly equally for all children in care. In programs involving three or more full-time direct care workers there is a need to designate one prime worker for each child to avoid an excessive diffusion of responsibility that could lead to inadequate attention being given to a particular child. In large programs the prime worker provides a consistent anchor point for the child and a checkpoint through whom all persons and plans affecting the child are co-ordinated. Sufficient authority must be delegated in order for the prime worker to carry out his or her responsibilities effectively. A commitment to the prime worker role will entail careful shift scheduling to take into account the need for availability and continuity.

BCP-24**Prime Worker****STANDARDS****BCPS-24.1**

A program involving more than two full-time direct care workers shall designate one to act as prime worker for each child upon admission to the program.

BCPS-24.2

In programs involving only two full-time direct care workers, both shall act as a prime worker for each child.

Guideline**BCPG-24.1**

The prime worker's responsibilities should include:

- a) orientation:
 - i) orienting the child to the program in the facility
 - ii) ensuring that the child is aware of all rules, expectations and privileges of the program
 - iii) ensuring that all proper and relevant information and documentation accompanies the child to the program
 - iv) ensuring that the child has or will receive all personal belongings and supplies to which he or she is entitled

- v) ensuring that all appropriate persons concerned are notified of the child's whereabouts and position
 - vi) supplying the child with information as to the availability of legal counsel
- b) daily care and progress:
- i) ensuring that at all times the child understands his or her position within the program, plan of care, progress and anticipated discharge arrangements
 - ii) ensuring that the child's progress within the program is properly monitored and documented
 - iii) ensuring that the appropriate persons and agencies are kept aware of the child's progress and status
 - iv) ensuring that the child has the required and appropriate medical and dental attention
 - v) ensuring that necessary appointments are made and kept
 - vi) ensuring that the child's point of view is continually heard and understood
- c) transfer or termination:
- i) monitoring the child's length of stay in the program to ensure that it is determined by his or her needs, progress and/or development, and the situation of his or her family, and is not unduly extended
 - ii) ensuring that all appropriate persons are notified well in advance of transfer or termination
 - iii) ensuring that the child is aware of and understands as far as he or she is able the reasons for transfer or termination
 - iv) ensuring that the child's views are heard and taken into account regarding transfer or termination
 - v) ensuring that all necessary and appropriate documentation and recording is in proper order, and that the proper reporting has taken place upon transfer or termination of care

CHILDREN'S GRIEVANCE PROCEDURE

Commentary

When children are placed in any type of residential care they frequently view themselves as being at the mercy of the system. Unfamiliar rules and routines are imposed on them "for their own good" and frequently they have no method or means of questioning these decisions. There are multiple benefits in having a grievance procedure in children's residences both for the child and the program.

By the introduction of a grievance procedure * through which a child can voice disagreements and problems in an appropriate way, behaviour can be channelled away from outbursts caused by frustration and a sense of helplessness. The very introduction of a children's grievance procedure implies that a given program operates in a just manner and eliminates such rationalizations as "because that's the way it's always been done" and "because that's the rule". Experience in California, where such a procedure has been in effect for a number of years, has demonstrated that the vast majority of grievances are resolved at the residence level.

If a child defines himself or herself as powerless to affect situations he or she perceives as unfair, such as the inequitable application or abuse of authority, the child may be less motivated to change. If, however, a child is taught that to challenge and criticize is an acceptable part of social life, he or she may be more open to self-criticism and the ideas and suggestions of others.

A paper discussing a wide range of issues relating to child advocacy, including grievance procedures, will be forthcoming from the Children's Services Division. This paper will give detailed consideration to the procedural and administrative aspects of such procedures.

BCP-25

Children's Grievance Procedure

STANDARD

BCPS-25.1

The program shall have a written children's grievance procedure that is explained in a clear and simple manner so that it may be easily understood by the children and is accessible to them without the fear of retaliation. The children's grievance procedure shall include the following elements:

- a) regular opportunities, such as house meetings or discussion periods, for airing general complaints or disagreements in the presence of other children in care and program staff

- b) "in-residence hearings" for specific grievances involving the child, and a panel of direct care workers and children in care from the program. This panel would consider a grievance and attempt to reach a decision or solution amenable to all parties concerned
- c) direct access to the person in charge of the program or facility for those grievances not resolved satisfactorily at an "in-residence hearing"
- d) hearings before an impartial outsider(s) approved by the Ministry
- e) unrestricted opportunity to correspond with public officials such as the Provincial Ombudsman (for children in provincially operated facilities), M.P.P.s and the Prime Minister.

EDUCATION AND LEARNING**Commentary**

The foundation on which the child's education must be built is normally developed in the earliest years and continues to be strengthened and refined in the day-to-day living environment of families and friends. An inadequate physical and social environment along with insecurity in personal relationships can serve to block the learning process. Many of the children who come into residential care may have mild or severe learning-related problems, often involving difficulty in getting along with other children. Frequently it is difficult to disentangle the physical, emotional, psychological and social factors contributing to the origin or continuation of such problems.

As the school experience plays such a large and significant part in the life of children in our society, any child who is removed from the normal range of school experience is removed from many of the normal opportunities for social and cultural development. Special care and attention needs to be given to preparing the child wherever possible for entry or re-entry into the normal range of school activities and settings, or to supporting the child who is able to function within a normative school environment.

Although it is expected that the majority of children in residential care will attend regular or special classes in local schools, some children, for a variety of reasons, may require special education programs in the residence itself for a period of time. In such situations it is not only desirable, but also imperative, that the operator work closely with the appropriate school boards to plan and develop an individualized program that will address the special needs of the children in care.

BCP-26

Education and LearningSTANDARDS

BCPS-26.1

The program shall ensure that children attend an educational program in accordance with the provisions of The Education Act.

BCPS-26.2

Where it is indicated that children in care may require an in-residence special education program, the operator shall consult with the Directors of Education for the Board of Education and the Roman Catholic Separate School Board in the community.

BCPS-26.3

Education shall be an integral part of the child's individualized plan of care and individualized program.

Guidelines

BCPG-26.1

The program should ensure educational opportunities for children in care in accordance with the following:

- a) Suitable equipment for home study, such as reference books, adequate lighting and quiet work space, should be provided in the residence.
- b) Participation of children in extracurricular activities of the school they attend should be encouraged and, when necessary, transportation should be provided.
- c) The program, through the child's prime worker, should communicate regularly with the school to ensure that children are properly placed and suitably adjusted, and to plan jointly with school personnel to alleviate problems that arise.

BCPG-26.2

The program should encourage and assist the child in the ongoing process of learning by:

- a) providing a stimulating living environment and frequent opportunities for new and broadening experiences in the community
- b) assisting the child with school-related assignments
- c) joining with the child in developing and carrying out informal and enjoyable learning projects in accordance with his or her capabilities and interests
- d) communicating a sense of excitement and discovery in relation to the process of learning about self, others and the world.

BCPG-26.3

The program should establish an ongoing relationship with the appropriate school board and school officials to ensure maximum co-operation in educational planning for the children in care.

BCPG-26.4

In all instances where a new residence is being contemplated, or where a new child is being considered for admission to an existing program, the school officials should be afforded as much advance notice as is reasonably possible in the circumstances so that the educational needs of individual children can be met appropriately. (SEE also: COMMUNITY INTEGRATION for discussion of relationships with schools and school boards.)

RECREATION AND LEISURE ACTIVITIES

Commentary

Children frequently need outlets for the exercise of physical energy and emotional expression. Planned and unplanned play and recreational activity provide opportunities for joy, fun, exuberance and creativity in a relaxed and pleasurable manner. A range of types of activities providing opportunities suitable to the needs, interests and abilities of the children in care should be provided. In addition to the child-related concerns, a number of variables will affect the nature and timing of the planned activities, including the knowledge and competencies of staff, the availability of space and equipment, staff coverage, and the proximity to other events, such as mealtime and bedtime.

BCP-27 **Recreation and Leisure Activities**

STANDARD

BCPS-27.1

The program shall ensure that a range of indoor and outdoor recreational and leisure opportunities are provided, based on both the individual interests and needs of the children in care and the composition of the group. (SEE also: HUMAN RESOURCES and PHYSICAL PLANT.)

Guidelines

BCPG-27.1

The program should:

- a) ensure appropriate staff involvement in recreational and leisure activities
- b) provide experiences that stimulate interests and skills having carry-over value for the children's future life
- c) ensure that opportunities are provided to develop physical co-ordination, individuality, leadership and teamwork abilities
- d) utilize the recreational resources of the community
- e) allow time for spontaneous individual and group activities such as singing, dancing, playing, reading and listening to records

- f) allow children to invite their friends to the residence to play, attend parties and share meals
- g) allow children to visit the homes of their friends outside the residence
- h) allow children the opportunity to plan activities with family, friends, staff and other children in the residence
- i) provide opportunities for camping and travel.

BCPG-27.2

The program should ensure that instruction is available in a wide range of cultural and aesthetic endeavours such as music, dance, arts and crafts. Sufficient supplies, tools and equipment for such activities should be made available.

BCPG-27.3

The program should ensure that each child's birthday and special occasions such as traditional festive holidays are celebrated. Recognition should be given to ethnic, cultural and religious customs of children in care.

SPECIALIZED SERVICES

Commentary

The term "specialized services" is used here to refer to those services that exist over and above the provision of basic care as defined in the standards and guidelines for basic care programming. The particular manner in which such services are provided will depend upon the competencies of the program's direct care workers (SEE: HUMAN RESOURCES), the extent of other specialized program staff, the nature of the particular needs of the children in care, the range and availability of resources in the community and the ability of the program to purchase services and/or to otherwise arrange for the provision of these services to children in care.

For example, in the case of a small couple-operated group home, group work services, when utilized, may be provided by a person from outside of the residence. A large institution will have the capability, and may find it most desirable, to have such services provided by full-time staff of the program. Some couple-operated programs may be able to provide some specialized services because of the specialized training of one or both of the couple.

It is particularly important that any specialized services are integrated appropriately with the ongoing basic care activities. Too often specialized services or activities such as psychotherapy, group work and special education are allowed to "stand alone" as ends in themselves, rather than as contributions to the accomplishment of broader program goals for the child. As Kahn has discussed in relation to service planning for "children in trouble" (8), psychiatrists, psychologists and social workers, among others, have sometimes believed that "the ongoing care could continue in a neutral fashion while their occasional 'fifty-minute hours' became the most salient initiators of change." In reality, he points out, such programs tend to become weak and ineffective through such fragmentation and service isolation.

Where the nature of the children in care and/or the nature of the program so require, a high level of specialized services will need to be provided directly within the program on an ongoing basis. In this document such programs are being referred to as specialized programs. They will be relatively few in number and will be covered by separate sets of standards and guidelines over and above the standards and guidelines for basic care programming. (SEE: Specialized Programming.)

8. Kahn (1963), p. 356.

There are basically two types of special services:

1. those that are different in kind from the elements of basic care, e.g., group therapy or psychiatric sessions, tutoring for dyslexia
2. those that are different in degree from the level of service provided in basic care. That is, an element of basic care may be provided in a highly intensive manner and require a higher staff-child ratio and/or a higher level of staff competencies than provided for in basic care, e.g., providing 1:1 supervision, meeting exceptional dietary requirements, providing personal care to a child with limited bowel control, using complex behavioural intervention techniques.

BCP-28

Specialized Services

STANDARD

BCPS-28.1

The program shall document the use of services (henceforth referred to as specialized services) over and above those specified in the standards for basic care programming, both those provided to individual children and those provided to the program as a whole, as required by standards BCPS-01.2 and BCPS-07.1(d).

Guideline

BCPG-28.1

The program should provide directly, or otherwise ensure the provision of specialized services as required by the needs of children in care, as a group or individually.

DOCUMENTATION, RECORDING AND REPORTING

Commentary

Documentation is written evidence of the occurrence of an action or event, or of some state of affairs. Recording is the act of putting into written form what has occurred, or what is the present state of affairs. Reporting is the act of informing someone else of an occurrence, or a present state of affairs.

Documentation needs to be gathered, maintained or developed by all residential programs in order to ensure that:

- necessary pre-placement activities have been carried through appropriately
- program staff have access to sufficient knowledge of the child's history and present context
- program staff have proper authorizations
- information can be shared and reviewed over time, both within the program, and with other persons, groups, organizations or representatives of the Ministry.

Recording within a program has a number of important purposes:

- to improve the delivery of service through exchanges of information between staff and the review of occurrences and/or patterns relating to individual children or the program as a whole
- to meet accountability and legal requirements
- to assist in teaching and supervising
- to assist research and evaluation.

Reporting involves informing various people of what they need to know, have a right to know, or should know. It occurs as a result of being accountable to some other person, group or body. Various requirements or suggestions relating to documentation, recording and reporting, in addition to those presented in this section, are interspersed throughout the program standards and guidelines.

The Task Force on Case Information Disclosure is currently reviewing the policies and procedures relating to case records. The resulting report will need to be considered in implementing the following standards and guidelines.

BCP-29

Contents and Maintenance of Case Records**STANDARD**

BCPS-29.1

- The program shall maintain a written case record for each child in care, which shall include but not be limited to the following:
- a) the information required in the admission study (SEE: BCPS-05.2)
 - b) a copy of the placement agreement (SEE: BCPS-05.5)
 - c) all admission documentation including:
 - i) identifying information such as the child's full name, race, sex, birthdate, religion, full name, address and social insurance number of the parent(s) or guardian and, where appropriate, close relatives or friends of the family
 - ii) name(s), address and relationship of person(s) with whom the child was living, and/or the name of the program in which the child was placed, immediately prior to placement in the program
 - iii) a copy of the court custody order, and any agreement with the parent(s) or guardian, where applicable
 - iv) personal and family history
 - v) medical and dental history, including a record of chronic health problems or conditions; dietary, physical activity or other limitations; an updated list of allergies and/or drug sensitivities; and a current medical report including a description and explanation of current prescribed medication
 - vi) academic history and/or record
 - vii) a list of persons who should, or should not, be allowed to visit the child, with reasons clearly stated

- viii) any psychiatric, psychological, educational or other reports that provide necessary or useful information pertaining to the care of the child
 - ix) a summary of previous juvenile court findings, when applicable
 - x) the name, address and phone number of the child's case manager
- d) a copy of the plan of care and all subsequent reviews and revisions of it (SEE: BCPS-07.1 and BCPS-07.3)
- e) the name of the child's prime worker, persons providing specialized services to the child, and other relevant program staff
- f) periodic summaries, at least every 90 days, of the child's development, functioning, progress and response to specialized services, basic care elements of the program, and the program as a whole
- g) periodic summaries, at least every 90 days, of service to and contacts with the parents and families
- h) reports of significant occurrences, both positive and negative, including but not limited to family or school relations, athletic achievements, gain or loss of privileges, personal insights or accomplishments, taking leave without permission, physical injuries, seizures, violent behaviour and juvenile court findings (SEE: BCPS-35.1 to BCPS-35.4)
- i) reports of changes in family situation such as marital status, births of other children, change of residence and deaths, and where applicable, explanation of the family's lack of involvement in the child's program
- j) all ongoing health records including a health history, illnesses, accidents and treatment received, medications taken, and dental and medical examinations

- k) school reports, including the teacher's evaluation of progress
- l) summaries of staff conferences or observations on shift as considered relevant and useful
- m) reports of persons providing specialized services
- n) summaries of the child's overall situation when a change in the child's prime worker takes place
- o) transfer summary when the child is being transferred to another program, or when a child is being discharged from care, and plan for aftercare, where appropriate.
(SEE: BCPS-36.2.)

BCP-30

Confidentiality**STANDARD**

BCPS-30.1

The program shall keep case records confidential and in a locked file. Information in case records shall be available only to authorized persons. These records shall be kept on the premises, and their use noted, and they shall be available to the Ministry for review.

BCP-31

Review of Records**STANDARD**

BCPS-31.1

The program shall ensure that each case record is reviewed by the program director or his designate at least semi-annually to ensure that proper recording and documentation of service provision have been carried out. The person conducting the review shall so indicate by signing and dating the record.

BCP-32 Disposition of Records**STANDARD**

- BCPS-32.1 The program shall maintain records on each child admitted to care in conformity with the requirements of the Ministry regarding records maintenance.

BCP-33 General Program Data**STANDARD**

- BCPS-33.1 The program shall keep a monthly record showing the number of children in care, the number admitted or discharged, and the residents' ages and sexes, and other such information as may be required for submission to the Ministry.

BCP-34 Activity and Significant Events Record**STANDARD**

- BCPS-34.1 The program shall keep written logs of activities and significant events for the children in care. These logs shall be reviewed regularly by program staff and shall be available for review by appropriate representatives of the Ministry. (SEE: ORGANIZATION and MANAGEMENT.)

Guideline

- BCPG-34.1 The program should maintain a separate log for each child in care and a log for the program as a whole.

BCP-35

ReportingSTANDARDS

- BCPS-35.1 The program shall immediately report any serious occurrence involving a child to the parents or to the child's case manager and other appropriate agencies or persons. The time the incident occurred, the name of the person reporting it and the person or agency to whom the report was made shall be recorded in the log or child's case record.
- BCPS-35.2 The program shall report absences without permission exceeding 24 hours to the child's parent(s) or guardian, case manager and the local police.
- BCPS-35.3 The program shall inform the Ministry within 24 hours or on the next working day after the occurrence of the following:
- a) a serious accident involving a child
 - b) incidents of serious staff misconduct or abuse of children
 - c) disasters such as fire
 - d) death of a child.
- BCPS-35.4 All cases of suspected child abuse or neglect shall be reported immediately as required by Section 45 of Bill 114, 1978, An Act to Revise The Child Welfare Act. A report of the occurrence shall be entered in the child's case record.

TRANSFER OR DISCHARGE OF THE CHILD FROM CARE**Commentary**

From the first consideration of the plan of care for a child, the ultimate goal is preparation of the child for a successful transfer to a less intensive or less restrictive program, or discharge from care back into his or her home or into an independent living situation in the community. An examination of almost any component of the children's services system shows significantly more attention is given to means of entry into service than to termination of service. A conscious and concerted effort needs to be made by all residential care programs, and those services that are linked to them, to view the child's placement as a means towards an end that is beyond the program itself. Too often the implicit approach is to treat care in the program as the end in itself.

With regard to the transfer of records, a recent tragic experience has underlined the importance of ensuring that adequate information accompanies the child upon transfer to another program.

BCP-36 Transfer or Discharge**STANDARDS**

- | | |
|-----------|---|
| BCPS-36.1 | The discharge plan prepared as required by standard BCPS-07.1(f) shall be reviewed at least every 90 days. |
| BCPS-36.2 | Upon transfer or discharge, the circumstances of the transfer or discharge shall be documented and the name, address and relationship of the person to whom the child is discharged shall be recorded in the child's case record. |
| BCPS-36.3 | Upon transfer, the program shall forward, prior to transfer or with the child, all information required by the receiving program. |

Guidelines

- BCPG-36.1 The program should give sufficient advance notice of transfer or discharge to the child and his or her parent(s) or guardian, and make every reasonable attempt for adequate preparation to facilitate a smooth transfer.
- BCPG-36.2 The program should not retain the child in care longer than necessary as determined by the needs, progress and/or development of the child, the situation of his or her parent(s) or guardian, or both.

AFTERCARE

Commentary

The importance of aftercare cannot be overemphasized. The sudden disruption of a child's relationships that occurs on transfer or discharge requires that program staff recognize a responsibility for continuing relationships that have been carefully nurtured during the course of a program, and that form the core of all child-caring programs. At discharge the child must adjust to the loss of what may have become his or her surrogate family. All too often the initiative to telephone and visit is left to the child. Occasional positive demonstrations of continued caring on the part of program staff, especially during the initial separation period, may reassure the child and help him or her to adjust to a new living arrangement without encouraging excessive dependency. In order to accomplish a successful transition from one program to another, or out of care altogether, considerable planning and preparation needs to take place. This is not, of course, solely the responsibility of the residential program. However, the program can play an important advocacy role in ensuring that the benefits derived by the child from participation in the program are not negated or reversed through lack of sufficient transition support.

BCP-37

Aftercare

STANDARD

BCPS-37.1

The program shall ensure that a written aftercare plan is developed prior to discharge of the child from the program.

Guidelines

BCPG-37.1

The program should ensure the provision of aftercare support, as arranged with the case manager, as part of an overall aftercare plan.

BCPG-37.2

Program staff with whom the child has had significant relationships should continue appropriate contact with the child through correspondence, visits and telephone calls.

SPECIALIZED PROGRAMMING STANDARDS AND GUIDELINES

TREATMENT STRATEGIES

Commentary

Although the concept of "treatment" does not have a clearly defined and consistently applied meaning throughout the children's services system, residential program approaches in common use that can be labelled treatment strategies include, but are not limited to, those outlined in standard SPS-01.2.

In reality, programs do not reflect a "pure" type, and eclectic approaches combining several orientations are most common. In all cases it is important that the various service elements and program activities are interrelated in such a manner as to provide an integrated and consistent therapeutic environment for the children in care. In some instances, the provision of basic care to children with exceptionally difficult conditions, situations or patterns of behaviour will require such a high level of staff supervision, staff competencies or structuring of the program that the program can be considered to have a treatment orientation.

It is proposed that any program that intends to make use of a treatment strategy (or treatment strategies) be required to submit a written overall plan for such use to the Ministry for approval prior to implementation. This does not mean that individualized case treatment plans must be submitted for Ministry approval.

Very little is known at present about the relative effectiveness of the wide range of programming orientations and treatment strategies. There does not yet exist a commonly accepted classification system for the types of problems and conditions exhibited by children in residential care or a consistent framework for describing program interventions, nor is there agreement on appropriate research or evaluation measures and techniques. More co-ordinated and systematic efforts in classification, description and evaluation of programs are required within the children's services system before any significant consensus will be possible on the issue of effectiveness of outcome. Certainly, the development of programming standards and guidelines cannot in itself resolve or overcome the problems of lack of conceptual clarity or consensus, the fragmentation of practice theory, or the limited substantive results of research.

Standards and guidelines can attempt to ensure that treatment efforts do not become abusive or neglect the rights and dignity of children in care. They may also stimulate the further development of knowledge by requiring more systematic program recording, reporting and review. It is frequently pointed out in the literature that the residential treatment of children consists of philosophies, objectives, methods and procedures that are largely unarticulated or at best vaguely defined. Further, treatment theories and strategies are seldom sufficiently systematic and developed to indicate the particular combination, intensity and duration of measures needed to achieve specific effects upon the varying problems and behaviours of children.

In the light of the above considerations, it is important that the Ministry be fully aware of all treatment-oriented programs being undertaken in the jurisdiction of the Children's Services Division and to ensure that such programs do not deviate significantly from what is currently accepted as good professional practice.

As has been pointed out in a recent document, Standards For the Use of Behavioural Procedures in Ontario Facilities for The Developmentally Disabled (9), any behavioural procedures are subject to abuse:

Any of these procedures can be escalated to the level of mild or even substantial abuse. Under contingent observation the client can be left in the observation chair long after he is prepared to participate properly or left in another area long after he is calm or is sitting quietly. Educational fines can be excessive, and requirements for appropriate behaviour to earn back a portion of the fine can be made impossibly high. In over-correction manual guidance can be given so forcefully as to be painful. The verbal explanation and instruction accompanying each procedure can be the occasion for demeaning or insulting remarks.

The above observation is clearly applicable to the procedures and techniques utilized by any type of treatment strategy.

The document cited could serve as a useful reference for any program now using, or intending to use, behavioural intervention procedures and techniques or as a model for the development of similar guidelines for other forms of treatment. Copies of this document are available from:

Communications Branch
Ministry of Community and Social Services
7th Floor, Hepburn Block
Toronto, Ontario
M7A 1S2

9. Higenbottam, et al., p.15.

SP-01

Treatment StrategiesSTANDARDS

SPS-01.1

Any program that intends to use a treatment strategy shall submit a written overall plan for the use of such strategies to receive approval from the Ministry prior to implementation. Any change in such a plan shall also be submitted to the Ministry and receive approval prior to implementation. Where a program is currently using such procedures and techniques, the program shall submit for approval a written description of such use within 90 days of the coming into force of the residential care standards.

SPS-01.2

Treatment strategies covered by standard SP-01.1 shall include but not be limited to the following:

- a) psychotherapy
- b) psychoanalysis
- c) family therapy
- d) group therapy
- e) recreation therapy
- f) play therapy
- g) reality therapy
- h) parent effectiveness training
- i) positive peer culture
- j) guided group interaction
- k) chemotherapy
- l) behaviour analysis
- m) behaviour therapy.

SPS-01.3

The written plan for the use of treatment strategies in the program as required by standard SPS-01.1 shall include but not be limited to the following:

- a) the name, position and qualifications of the person who has overall responsibility for the treatment program
- b) the theoretical framework guiding the program and its relation to previously documented research and theoretical formulation
- c) the anticipated range or types of behaviour or conditions for which such procedures and techniques are to be used
- d) the range of procedures and techniques to be used
- e) restrictions on the use of stimuli that present significant risk in terms of psychological or physical damage
- f) assessment procedures for ensuring the appropriateness of the treatment and strategy for each particular child
- g) policies and procedures on involving, and obtaining consent from, the child and parent(s) or guardians
- h) requirements, where appropriate, for medical examination of a child prior to implementation of the treatment program, and subsequently on a regular basis
- i) the preparation of an individualized, goal-oriented and time-limited treatment plan for each child in care
- j) provisions for ongoing monitoring and recording
- k) provisions for regular and thorough review and analysis of the treatment data, the individualized treatment strategies and overall treatment orientation
- l) provisions for making appropriate adjustments in the treatment strategies and orientation, the recording practices and procedures, and program activities in accordance with the results of the above reviews
- m) policies and procedures encouraging termination of the treatment procedures at the earliest opportunity in the event of achievement of goals, or when the procedures are proving to be ineffective or detrimental for a particular child

- n) the means of ensuring the systematic ordering and integration of the daily program and treatment activities
- o) staff responsibilities for planning and implementation of the treatment procedures and techniques
- p) staff competencies and qualifications, and provisions for staff training
- q) provisions for follow-up and aftercare
- r) provisions for transfer to another treatment resource in the event that the goals set for a child's treatment upon admission have not been met, and/or when further treatment is required.

Guideline

SPG-01.1

Programs should conform to policies and procedures for standardized recording and documentation as developed within the Ministry in order to facilitate research and evaluation.

SECURE CARE

Commentary

Programs providing both short-term and longer term secure care are responsible for maintaining a safe, humane and secure program for children who are deemed to be a danger to themselves or others or for whom other less secure programs are found to be unsuitable. All efforts should be made by persons working on the child's behalf to minimize the length of stay in secure care, and move the child to a less controlled environment as soon as the child is reasonably able to cope with that greater degree of freedom. At no time should a child languish in secure care. It is the responsibility of the program to assist the child and, where appropriate, his family and case manager to develop less restrictive alternatives for the provision of care.

While secure care may provide an opportunity to stabilize and assist the child in developing internal controls, it is a powerful control instrument with considerable potential for abuse in the name of the "best interests of the child". Programs provided in a secure care context must take special precautions to protect the rights of the child in addition to protecting the child and community. Every effort must be made to develop program practices that are fair and reasonable, and do not degrade or demean the child for the sake of improving security.

The fact that the child is in a locked setting often reinforces a poor self-concept. This can be overcome somewhat by a balance of appropriate limitations on behaviour on the one hand, and reinforcement for progressive and responsible attitudes and behaviour on the other. Children in secure care should be encouraged to express legitimate feelings without fear of excessive or punitive consequences. The staff in secure care programs face an unusually difficult task due to the artificiality and restrictiveness of the environment. Their discretion and awareness are crucial to the development of a positive climate in the program.

In relation to correspondence, the approach being suggested here is the same as that outlined in the proposed amendments to The Training Schools Act; namely that secure care programs be permitted to open and read but not censor correspondence to and from a child in care. Such programs would also be allowed to remove improper material enclosed in such correspondence.

A committee on the detention of non-delinquents is currently examining a number of issues related to the use of secure care and any recommendations forthcoming from this committee will need to be considered in relation to the following standards.

SP-02

Secure Care**STANDARDS**

SPS-02.1

Any program that regularly provides a closed environment by the locking of the facility or reserves the option of locking the external doors of the facility from time to time as required shall be designated as a locked or lockable secure care program by the Ministry.

SPS-02.2

Secure care programs shall conform to all standards and guidelines set out in the basic care program section, except where specifically exempted.

SPS-02.3

Any program designated as a locked or lockable secure care program shall conform to admission criteria as authorized by the Ministry or as set out in relevant federal or provincial legislation.

SPS-02.4

Secure care programs shall involve direct care workers in staff training programs at least twice yearly to review the program, and promote the development of practices that will enable the children in care to function unsuccessfully in the community and/or in a less restrictive program.

SPS-02.5

Secure care programs shall be permitted to read, but shall not censor, correspondence to and from a child in care. Secure care programs shall be permitted also to inspect correspondence for inclusion of improper material and to remove any such material before forwarding the correspondence.

THE USE OF LOCKED ISOLATION ROOMS

Commentary

Within the context of secure care some programs have traditionally made use of specifically designated locked "isolation" rooms. The use of locked isolation raises complex and contentious issues concerning the degree to which a program can, or should, intervene in the "best interests of the child", or to protect property or the safety of others.

It is recognized that in occasional and exceptional instances, when a child's behaviour endangers himself, others or property, limited use of locked isolation may be the only effective option open to a program manager. With those few children who exhibit a pattern of self-destructive or violent behaviour, locked isolation may be deemed a necessary response to be utilized in accordance with a carefully planned and closely monitored program of behavioural intervention. It should never be used as a routine method of behaviour management or punishment.

The use of locked "isolation" is a practice that has been subject to abuse in the past. It has been suggested that the very presence in a facility of such rooms creates a climate and culture among staff and youths that encourages and perpetuates its use, and restricts the development of suitable alternatives. The following standards are intended to ensure careful monitoring and control of the use of locked isolation and to encourage the use of less restrictive forms of intervention.

SP-03

The Use of Locked Isolation Rooms

STANDARDS

SPS-03.1

Programs permitted the option of using locked isolation rooms shall be so designated and authorized by the Ministry.

SPS-03.2

Programs using locked isolation rooms shall have written policies and procedures governing and restricting their use. These policies and procedures shall require:

- a) conformity to requirements of the Ministry concerning locked isolation rooms
- b) keeping of appropriate records of each instance of use, the reasons for and the duration of use
- c) written explanation of the inappropriateness or failure of less restrictive alternatives

- d) the approval of the operator or his or her designate in charge of the program
- f) that a child placed in locked isolation remains there only so long as his or her behaviour or emotional state constitutes a clear and immediate danger to self or others
- g) that the child be visited with appropriate frequency by program staff in order to assist the child in calming himself or herself and returning to a less restrictive situation
- h) the program director to conduct, at least quarterly, a review of the reasons for use, duration and frequency of locked isolation in the program and submit a report of the review to the Ministry
- i) the approval of the Ministry for any use of locked isolation for longer than 12 hours in a 24-hour period.

SPS-03.3

Any program using locked isolation rooms shall have specifically designated, office-like "quiet rooms" for use as a less restrictive alternative. (SEE also: BCPS-19.4.)

SPS-03.4

Any program that locks doors of rooms containing children, including bedrooms within the facility, for routine security purposes shall describe and explain the need for such procedures in its program statement.

SPS-03.5

Any instance of the locking of a child in any room for other than routine security purposes shall be considered a form of locked isolation and conform to standards relating to the use of locked isolation rooms.

SPS-03.6

Any program using locked isolation rooms shall involve direct care workers in staff training programs at least twice yearly to review the use of locked isolation in the program and to promote the use of appropriate less restrictive alternatives.

Compatibility With Existing Legislation

Compliance with many of the standards proposed in this section is already required by existing regulations to the Ministry's residential care statutes. However, the regulations under each statute are not all the same and, while certain standards may be found under one or more statutes, they are not found in all. For example, the proposal that each child in a children's residence have an annual medical examination is a requirement for children cared for by children's institutions. It is not a specific requirement for children's mental health centres, although it may be done in practice. Thus, the implementation of this particular standard will ensure that all children in any licensed children's residence will receive an annual medical examination.

In general, the standards proposed by this chapter depart from existing Ministry legislation in their requirement that service providers define and document the various aspects of their program. At present the only reference to a program definition by any of the Ministry's children's residential care statutes is found in Form 1 under The Children's Mental Health Centres Act, R.S.O. 1970, C.68. Form 1 is the application for a licence. It specifically asks prospective service providers to describe the nature of the service to be provided. The proposed standards would require all children's residences to similarly describe what they would be doing for the children placed in their care.

The proposed standards also depart from existing regulations by requiring service providers to define and document what is happening specifically to each child in their care. An example of this is the requirement that a report be made of serious occurrences, both positive and negative involving a child. This is an expansion of the current requirement under The Training Schools Act that misconduct of a ward be reported.

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8. HUMAN RESOURCES IN RESIDENTIAL CARE FACILITIES

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8. HUMAN RESOURCES IN RESIDENTIAL CARE FACILITIES

The term human resources as used in this set of standards and guidelines applies to all the workers concerned with the care of the children in a residential facility. The Human Resources standards and guidelines focus on the needs of the worker in a residential facility as well as those of the child in care. In this respect, they emphasize the special importance of the worker in delivering service to children with special needs. These standards and guidelines emphasize that no program * functions in the abstract, and that a program cannot be better than the people who deliver it. The need of the worker for working conditions that allow professional and personal growth, and support the worker in continuing to develop greater effectiveness in giving basic care * and as a special helper, is recognized in these standards and guidelines.

It should be understood as well in reading the Human Resources standards and guidelines that recognition has also been given in their development to the differences in staffing patterns across the range of facilities providing residential care. The standards and guidelines are intended to be applied differentially in small family-operated homes, where the couple providing care are in constant communication with each other, and residences with employed staff working under supervision on different shifts. The intention is to ensure a consistent approach to the concerns shared by all persons who work with children in residential facilities - high-quality care for the children they serve and their own professional and personal growth.

THE HUMAN RESOURCES STANDARDS AND GUIDELINES

Standard Setting Goal

To ensure that all persons who work with children in licensed residential child care facilities in Ontario have the capacity to form positive relationships with children, are highly competent in the delivery of the program, and have the best opportunities and system supports to utilize their competencies in the service of the children in their care.

Rationale

The goal statement for human resources reflects three basic elements that affect quality of staff. Each element is a necessary but not sufficient condition for achieving of high quality care.

1. Capacity to form positive relationships with children. Stated in the simplest possible way: adults who work with children ought to be people who like children, and who show their liking for children through the way they behave towards them. People who work with children will do more harm than good if they do not relate positively to children, even though they may be very efficient and adept at keeping house, keeping children fed, clothed, and cleaned, and at delivering various treatment methods.
2. High competence. On the other hand, "love is not enough." People who work with children also need to have the ability to deliver efficient and effective basic care programs.
3. The best opportunities and system supports to utilize their competencies in the service of the children in their care. People who work with children in residences are part of a system that can either encourage them to become more effective helpers and caregivers or discourage even the most dedicated and competent worker.

Principles

These principles must be considered in the development of standards and guidelines for human resources in residential child care facilities.

1. High-Quality Care: Every child in residential care is entitled to care from persons capable of giving high-quality care.
2. Fairness and Humanity:

All children in residential care are entitled to care from persons capable of emphasizing fairness and humanity rather than expediency or narrow notions of efficiency in the provision of service.

Every person who works with children in residential care is entitled to working conditions that provide opportunities to strengthen his or her competencies to meet the needs of those children, and a meaningful work experience.

3. Children's Rights: All children receiving residential care are entitled to recognition and understanding of and respect for their rights from those charged with the responsibility of meeting their special needs.
4. Individualization: Every child in residential care is entitled to care from persons capable of responding to his or her individual needs.
5. Immediacy: Every child in residential care is entitled to receive appropriate treatment as soon as the need is recognized.

The human resources standards and guidelines are presented in sections that deal with:

- the competency-based approach
- staff training and development
- teamwork and supervision
- staff-child ratios.

THE COMPETENCY-BASED APPROACH

Commentary

The suggested framework in which to consider the standards and guidelines relating to staff training and development and performance evaluation is the competency-based approach. The competency-based approach to job requirements specifies what a person must be able to do in order to perform a job adequately as opposed to the more common practice of basing qualifications on education, professional certification and work experience. Competencies are direct indicators of qualifications for the job, whereas the usual requirements are indirect indicators.

These indirect indicators are not always sufficient to ensure child care of high quality for the following reasons:

Education does not guarantee full competency in a profession:

- Academic programs are not always geared to equip their graduates with the practical work skills related to the actual practice of a profession.
- The content and scope of degree or diploma-granting programs vary from one academic institution to another.

Professional certification does not always cover the necessary competencies:

- Often, more than one professional group is involved in performing similar roles in the service delivery system. Competencies therefore have to be described directly for the role.
- Professionals who have not specialized in working with children as part of their professional preparation may extend their services to include children. Not all professional certification or registration programs exclude this possibility.
- Some professional certification programs are not competency-based. They require only "supervised experience" without spelling out the nature of that experience.

Work experience is an asset only if it has been:

- a positive experience, giving the worker an opportunity to learn and practice high-quality care
- a cumulative experience, where the worker keeps learning and altering practice as an ongoing process of development and growth.

Spelling out worker competencies that will cover all the variations in scope, type and intensity of programming in a variety of settings must be an ongoing, long-term project. To lay the groundwork, an attempt is made here to spell out some of the core competencies for those roles in the delivery system that may be performed by a variety of professionals or non-professionals. Competencies are listed for direct care workers * and supervisors, but presented solely in the format of guidelines, in recognition of the inherent problems of measurement and the long-term nature of the plan to move in a competency-based direction.

The Limits of the Competency-Based Approach

While the Ministry strongly advocates that minimal and optimal competencies be clearly established for all persons who work with children with special needs, it is important to put the behaviourally based competency approach in a proper perspective. The most exhaustive list of competencies will not be sufficient to capture all the attributes of a good caregiver and helper. Some of the reasons why this is so are listed below.

- While wording competencies in behavioural language provides an objective way to evaluate the worker's ability to do the job, a large element of variation exists in the degree of depth and excellence of performance between individual workers.
- There is always a danger that only those qualities of the worker that lend themselves relatively easily to behavioural language will be defined, leaving out attributes that are essential, but difficult to capture in behavioural language.
- A list of competencies cannot show uniqueness. Simply adding up all of the competencies is not enough to describe a good worker in the sense that the whole is more than the sum of all its parts.
- When observing at a person working with a child, different people may describe what the worker is doing in different ways. Levels of detail may vary, as may judgements of which observations or patterns of behaviour ought to be grouped together as the same or noted as different. Differing descriptions, coupled with the previous difficulty regarding conceptualization discussed in the second point above, may cause great variations in the quality of competency lists or profiles.
- A person may behave in a way that is supposed to convey sincerity but not be sincere in his or her feelings. While in strictly behavioural language what is not seen does not exist, the feeling can deeply affect what transpires between worker and child.

To a large extent, expertise and diligence in analyzing workers' behaviour on the job will no doubt continually improve the accuracy and comprehensiveness of competency-based professional profiles. Behaviourally stated observable competencies provide a counterbalance to total subjectivity in selectivity in selecting and training workers and evaluating workers' performance. By objectifying workers' attributes, the competency approach demystifies their work and allows for communication and teaching of those competencies to all who would wish to acquire them. While an extremely useful and powerful indicator of the quality of care provided by the worker, it is a necessary, but often not sufficient, indicator. Personal attributes, individuality and uniqueness will always necessitate that some subjective judgements be made in choosing workers in the care and helping field. These, however, can be made in addition to, but not instead of, the evaluation of workers' competencies.

COMPETENCIES FOR DIRECT CARE WORKERS

Commentary

Direct care workers are those workers whose primary responsibility is to care directly and in an ongoing manner for the child in the child's living environment. This work is done by a variety of workers who have different educational backgrounds and work under a fairly wide range of job classifications.

A direct care worker rarely works with only one child at a time. Whenever "child" is mentioned in the following standards, the fact that the direct care worker usually works with groups of children must be kept in mind. Typically, the direct care worker cares for a group of children in a loosely structured daily living situation. This sets the direct care worker apart from other professionals who see children either on an individual basis or in a task-oriented group that operates in controlled circumstances.

Many of the tasks that a direct care worker must be able to perform for the child are parental care functions. Childhood is a period of relatively rapid change and growth. Coping with these changes, or rather allowing them to take place in a safe, supportive and loving environment, is part of basic care. The direct care worker must be able to perform them without competing with the child's natural family and trying to become the child's parent *. The line between providing parental care and usurping the parental role is subtle, and the direct care worker requires great self-awareness that will enable him or her to give loving care without expecting the rights, rewards and loyalties that the parents might expect.

The fully qualified direct care worker is assumed to be capable of working without constant supervision. That is not to say that the fully qualified direct care worker does not need to consult with specialists and other experts as the need arises. In fact, knowing when to consult an expert and how to follow through on the advice received is one of the basic competencies of a good direct care worker.

Establishment of competencies for direct care workers is complicated by the existence of a variety of community college diplomas and certificates that lack a common standard, by a range of service-based classifications and by the fact that innovative care programs often prefer to train their own direct care workers rather than hire "traditional" or "professional" workers. The importance of the establishment of these competencies is underlined by the fact that approximately 41% of the direct care workers in Ontario have less than three years of direct child care experience.

The purpose of the proposed set of core competencies is to reflect, in the manpower aspect of residential care, the intention of the Children's Services Division to reduce fragmentation in the service delivery system.

The basis of the proposed core competencies is a perceived common element in all programs that provide time-limited and change-oriented residential care for children. The element is common to all residential programs whether the staffing model used is the parent model* or the shift model*, and whether the type of care being provided, as outlined in the programming section, is basic care programming*, basic care programming combined with specialized services* or specialized programming*. The common element is the unique significance of the daily living environment as an integral part of the program, and consequently, the special role of the direct care worker in it. When special care programs require that direct care workers have competencies in addition to those described above, those competencies should be spelled out by the operator.

To make the most of any care program, daily living activities and indeed the total living environment need to be set up in a way that allows them to serve as agents of growth and change, either by themselves, or as a supplement to a special care program. The common denominator in all care programs must be the ability of the staff to structure the daily living environment and their own behaviour in a way that strives to achieve specific changes in the child's behaviour, and to cope with the high emotional and often physically strenuous demands of this work. Direct care workers who provide care for children on a 24-hour basis, whether continuously or in shifts, are in a position to monitor the continuity of care provided to the child, and ensure that the various influences of special program activities, professional specialists, parents, schools, and other resources are effectively co-ordinated. The core competencies for direct care workers are outlined in the following guidelines. (SEE also: PROGRAMMING.)

HR-01

Provide Basic Daily CareGuideline

HRG-01.1

The direct care worker should be able to:

- a) monitor and guide the child's nutritional intake and amount of rest
- b) prepare simple meals, following nutritional guidelines and recipes
- c) monitor, educate and assist the child in matters of personal hygiene
- d) establish and maintain consistent, age-appropriate daily routines
- e) maintain an adequate level of cleanliness and orderliness in the residence
- f) teach the child how to take care of the physical living environment, the child's own possessions and those of others, and how to share the living environment with other children and adults
- g) monitor the child's progress in school and assist the child or see that the child receives assistance with schoolwork as necessary
- h) transport or arrange for adequate transportation of the child to schools, recreation, medical appointments and other destinations as necessary.

HR-02

Provide Health Care and Ensure SafetyGuideline

HRG-02.1

The direct care worker should be able to:

- a) observe and assess on a continuous basis the child's state of health, and refer the child to medical resource persons when necessary
- b) apply emergency first aid as required
- c) dispense non-prescription drugs (e.g., A.S.A. tablets, cough medicine) as required, and dispense medication according to the orders of a physician
- d) care for and comfort the child when he or she is sick and must stay in bed, and help the child cope with emotional stress and fears related to being sick
- e) accompany the child to medical appointments, and help the child cope with emotional stress and fears related to receiving medical care
- f) create and maintain a safe environment and educate the child in safety procedures
- g) recognize an unsafe environment and remove the child from it when necessary
- h) anticipate and act to avoid physically dangerous situations.

HR-03

Communicate and Form Relationships with Child**Guideline**

HRG-03.1

The direct care worker should be able to:

- a) form a meaningful, personal relationship with the child through sharing of activities and discussion of feelings and thoughts, and by caring for the child's daily needs
- b) talk, listen and respond positively (both verbally and non-verbally) to the child in order to ensure mutual understanding between the worker and the child
- c) explain and teach age-appropriate ethical and social values, rules and manners regarding:
 - i) interpersonal relations
 - ii) human sexuality
 - iii) the rights of others
 - iv) behaviour on social occasions and in public places

through direct training, verbal explanations, daily supervision, and direct example.

HR-04

Manage Child's Behaviour**Guideline**

HRG-04.1

The direct care worker should be able to:

- a) set age-appropriate rules around daily routines and other limits on the behaviour of the child, varying the degree of strictness of the limits according to the child's individual needs and circumstances, and explaining and negotiating acceptance of the limits
- b) follow through with appropriate action when the child tests the limits
- c) refer to the child's behaviour and not to the child's personality or character when praising, criticizing or setting limits
- d) teach the child how to manage his or her own behaviour
- e) restrain physically a difficult-to-manage, aggressive child without injury to the child, the worker or others

- f) anticipate and act to:
 - i) avert behaviour connected with outbursts of negative emotion, unless such outbursts are part of a controlled, goal-oriented treatment program
 - ii) prevent situations that might allow negative emotional and/or aggressive behavioural outbursts by an individual child to spread through the group
- g) monitor and recognize signs of suicidal behaviour, and act to prevent situations that provide the child with opportunities to commit suicide
- h) provide on-the-spot guidance to assist the child in building self-awareness by recognizing signs of oncoming negative behaviour and in developing skills in controlling such behaviour
- i) assist children in helping each other by providing guidance regarding negative behaviour and supporting the child's effort to develop the skills to cope with them.

HR-05

Work With Groups of ChildrenGuideline

HRG-05.1

The direct care worker should be able to:

- a) plan, organize and supervise daily living activities, recreational and other program activities with a group of children in a manner consistent with their ages, individual needs and abilities and in relation to each child's goal-oriented plan of care *
- b) respond appropriately to the child who has an immediate need, while at the same time keeping the rest of the group of children functioning adequately.

HR-06

Set Individual Plan of Care for ChildGuidelines

HRG-06.1

The direct care worker should be able to:

- a) set time-limited goals and means to achieve those goals
- b) set criteria for evaluating the degree of success in achieving these goals.

HRG-06.2 Review the child's plan of care periodically, noting progress, regression or lack of change, and make necessary adjustments in the plan.

HR-07 Observe, Record and Present Data on Child

Guidelines

HRG-07.1 The direct care worker should be able to observe, assess and record in appropriate logs and on an ongoing basis, the group interaction of the children in care and the individual child's behaviour, moods and progress.

HRG-07.2 The direct care worker should be able to prepare written and oral progress reports, summaries and recommendations on the child in a form that is useful for program, evaluative and administrative purposes.

HRG-07.3 The direct care worker should be able to present such reports to parents, social service agencies, the courts, case conferences and others as necessary.

HR-08 Work as a Member of a Team

Guidelines

HRG-08.1 The direct care worker should be able to initiate and co-ordinate case conferences on the child's plan of care and progress.

HRG-08.2 The direct care worker should be able to support and assist co-workers by sharing program activities and daily care responsibilities.

HRG-08.3 The direct care worker should be able to actively participate in staff meetings:

- a) by sharing information and feelings
- b) through mutual guidance on work-related issues.

HRG-08.4 The direct care worker should be able to:

- a) identify instances where his or her ability to cope with the child's problem is limited, and ask for assistance or advice from co-workers, supervisors, specialists or others as appropriate

- b) co-operate with other team members in following through on agreed ways to help the child overcome his or her problems and in formulating and revising the child's goal-oriented plan of care
- c) work jointly with program specialists in providing program activities.

HR-09

Work in and with CommunitiesGuideline

HRG-09.1

The direct care worker should be able to:

- a) explain, interpret and represent the child and the program to members of the community
- b) identify and utilize community facilities and resources in a way that matches the child's needs and capacity to benefit from them
- c) recognize and influence, as necessary, individual and group behaviour and the physical appearance of the child when these conflict with community standards and norms
- d) recognize and alter, as necessary, the physical appearance of the facility when it conflicts with community standards and norms. (SEE also: COMMUNITY INTEGRATION.)

HR-10

Develop Professional CompetenciesGuideline

HRG-10.1

The direct care worker should be able to consciously incorporate newly learned professional skills and insights, on an ongoing basis, in his or her daily work.

HR-11

Follow Administrative ProceduresGuideline

HRG-11.1

The direct care worker should be able to follow administrative procedures of the residence (e.g., filling in appropriate forms and reports at the times required). SEE also: ORGANIZATION AND MANAGEMENT and PROGRAMMING.)

Commentary

The size of the facility makes a great deal of difference regarding this last competency. In a small residence the direct care worker may also be the manager of the home. In this case, his or her administrative and management responsibilities will be fairly extensive. In larger residences, the direct care worker may have very few administrative and management duties. Furthermore, different residences may divide management and administrative duties in various ways between the home manager and the social worker, or other liaison workers.

COMPETENCIES FOR SUPERVISORS OF DIRECT CARE WORKERS

Commentary

The supervision of direct care workers is done by a variety of workers who have different educational backgrounds and who work under a fairly wide range of job classifications. Supervisory positions are most commonly filled either by promoted direct care workers or by other professionals. In both cases there is insufficient recognition that there are certain competencies that are unique to the direct care worker supervisor's role. Consequently, very little, if any, training and education is offered to those who fill these positions. Some core competencies are common to all supervisors who work in residential care programs, and these are outlined in the following guidelines. When special care programs require that supervisors have competencies in addition to those described below, these should be spelled out by the operator *.

HR-12 Orient New Staff to Job

Guideline

HRG-12.1

The supervisor should be able to explain in detail and answer questions regarding:

- a) the job tasks that are written in the worker's job description and the level of performance expected of the worker regarding each task
- b) the supervisory practices and procedures employed in the residence
- c) the practices and procedures of formal evaluation sessions when the function is performed by the supervisor.

HR-13

Conduct Formal Evaluations of Worker

Guidelines

HRG-13.1

The supervisor should be able to:

- a) set time-limited short and long-term performance goals in co-operation with the worker
- b) work out a mutually acceptable strategy that will allow the worker to achieve these goals

- c) work out mutually acceptable indicators that will signify whether or not the goals have been reached
- d) negotiate with the worker clear consequences of failure to meet the goals
- e) follow through by acting on previously negotiated consequences of non-performance
- f) record in writing a mutually agreed-upon summary of the above.

HRG-13.2

In writing a formal evaluation, the supervisor should be able to:

- a) base the evaluation entirely on the worker's work performance
- b) base the evaluation on the supervisor's direct observations of work performance and not on gossip and hearsay
- c) clearly and objectively indicate instances where the worker's performance has been more than satisfactory, satisfactory or unacceptable.

HR-14

Conduct Regular Supervisory Sessions

Guideline

HRG-14.1

The supervisor should be able to:

- a) discuss his or her own feelings and the worker's feelings regarding job-related behaviour and incidents, recognizing the boundaries between personal, therapeutic and work-focussed interchanges.
- b) discuss with the worker his or her understanding of the child's strengths, weaknesses and problems, and explore with the worker ways in which he or she may better cope with the child's problems and utilize the child's strengths
- c) examine with the worker the adequacy of the goals set for the child under the worker's care, the means employed to achieve these goals and progress towards the goals based on measurable indicators

- d) review and offer advice regarding the child's plan of care
- e) explain and instruct the worker regarding interpretations of policies, programs and procedures
- f) assess and discuss with the worker his or her progress in developing and improving work competencies and achieving performance goals.

HR-15

Ensure Worker AccountabilityGuidelines

HRG-15.1

The supervisor should be able to ensure that all staff

- a) understand the limits within which they may make decisions in special situations, and know when the decisions must be referred to the supervisor
- b) understand what information is required by the supervisor, the manner in which it is to be presented and the time at which it is to be presented.

HRG-15.2

The supervisor should be able to ensure that staff follow program and administrative guidelines and the individual care plan for each child by:

- a) directly observing and working with staff in the work situation
- b) reading all appropriate documentation made by the workers in various logs and files
- c) being available and accessible to the worker when on duty
- d) providing guidance on the worker's performance, and ensuring that the worker takes corrective action immediately if necessary, or during informal and formal supervisory sessions.

HRG-15.3

The supervisor should be able to ensure adequate staff coverage in the residence. (SEE also: HR-34.)

HRG-15.4

The supervisor should be thoroughly familiar with all the children in the residence, their histories, their special problems and their progress.

HR-16

Work as a Team LeaderGuidelines

HRG-16.1

The supervisor should be able to encourage good teamwork in the residence by:

- a) balancing staff strengths and weaknesses in the residence and on shift
- b) arranging for and leading staff meetings
- c) encouraging staff participation in setting and evaluating annual goals for the residence
- d) setting a personal example through working in conjunction with the direct care worker on shift
- e) encouraging open and free communication and mutual guidance among staff
- f) ensuring that all staff, consultants *, volunteers, students, and all other adults who are involved in some capacity with the residence understand and accept each others' roles and work duties
- g) allocating duties to staff in a way that establishes clear boundaries of authority and responsibility and avoids duplication or gaps
- h) provide the worker with an example of effective job-related * behaviour through his or her involvement in working directly with the children
- i) providing a personal example by sharing duties, providing and receiving guidance, and encouraging open sharing of information, ideas and feelings
- j) observe the worker's positive and negative behaviour and provide the worker with immediate, but discreet, guidance
- k) assist verbally or physically in situational conflicts between the worker and child when requested or when, in the supervisor's judgement, the direct care worker is unable to handle the situation

- l). mediate and arbitrate staff conflicts in a way that promotes staff harmony
- m) respond to questions from the worker, and make decisions, as necessary, regarding application and interpretation of policies, programs and procedures in special situations.

HRG-16.2

The supervisor should be able to assign the prime worker* for a child in a manner that match the child's needs with the worker's personal strengths and competencies.

HR-17

Relate In-Service Training to Job

Guideline

HRG-17.1

The supervisor should be able to provide a linkage between staff training activities and the daily work situation by:

- a) exploring and suggesting to the worker ways of applying skills and knowledge acquired in formal training sessions
- b) answering questions, and discussing with the worker the concrete, observable events and behaviour in the residence that are related to subjects discussed in theoretical and general terms in the training sessions
- c) keeping the worker informed of his or her progress in applying on the job skills he or she has learned in formal training sessions.

Compatibility With Existing Legislation

The guidelines presented in the sections on competencies for direct care workers and their supervisors differ from the staff-related content of existing children's services legislation in that the competency-based approach deals with qualifications of these workers in terms of what they are able to do rather than their formal training and experience. Certain Acts treat the duties of staff members, but not in a comprehensive way. Several of the Acts do state that the responsible operator and staff members must have adequate knowledge and experience to recognize and meet the needs of the children and the ability to cope with their problems, but the indicators to be used in determining whether persons meet these requirements are not defined.

TRAINING AND STAFF DEVELOPMENT

Commentary

Regardless of the competencies, maturity, sensitivity and experience that a residential care worker may bring to the job, working with children with special needs is extremely demanding. In addition to the emotional strains that are inherent in this vocation, society delegates substantial responsibilities to workers in children's residences. It is incumbent upon both operator and staff to:

- ensure that all staff are thoroughly familiar with the operational, program and emergency procedures of the facility
- ensure that all staff, particularly direct care staff, have sufficient opportunities to learn and refine their competencies
- maximize the use of all available resources in the ongoing process of personal and vocational development
- establish working conditions that contribute to staff stability and effectiveness
- establish and maintain staff evaluation procedures that promote the development of highly competent and caring staff members.

The need to rely on new staff immediately upon hiring often results in neglecting or postponing their orientation to the job. This pressure needs to be consciously counterbalanced by a strong commitment to staff orientation. Orientation in emergency procedures minimizes the chance of costly errors occurring. Orientation in administrative and program procedures ensures that all staff understand the workings of the total residence beyond their immediate duties as well as being able to relate their job activities to the overall program orientation.

The expanding knowledge and competency base of the child care field demands a commitment to ongoing training of all residential care staff. Neither education nor in-service training are sufficient on their own to ensure the necessary competency for effective performance. Likewise, careful hiring policies are not a substitute for ongoing staff training. It is the responsibility of all operators to ensure that training activities and opportunities are directly related to competency development and are geared to a thorough appraisal of each worker's state of professional development and the specific needs of the jobs to be performed. Training need not cost additional monies. Indeed, in planning specific training activities, attention should be given to utilizing all internal resources - arranging for staff to share expertise with one another - as well as the resources of the local community.

Working with children with special needs for many years may tend to erode a worker's perspective on what constitute "normal" child development. As a result, workers sometimes develop unduly low expectations of a child's potential, and they may even adopt patterns of relating to those children that encourage "difference". Furthermore, the strain of working with children with special needs in the same capacity within the same facility for long periods of time may erode morale and sensitivity. Operators of such facilities have the responsibility to ensure that measures are undertaken to develop and maintain a work environment that continually stimulates and challenges the development of staff, and prevents early staff "burn-out".

Standards and guidelines on performance evaluation were consciously placed in this section to emphasize a developmental rather than judgmental approach. Evaluations of staff have potential for destructive as well as constructive use. Those that highlight criticisms of a worker and ignore the positive aspects of his or her work only serve to demoralize the worker. This approach to evaluation is likely to foster defensive attitudes on the part of both the worker and the supervisor and create a poor atmosphere for co-operative effort. Evaluations should hold no surprises for a worker nor should they be seen as something that happens once a year and bears little relationship to the on-going program of a facility. Setting a clear basis for future evaluation sessions is one way to help focus discussion on the relevant issues of a worker's progress, needs and competencies. Setting performance goals and clear goal achievement indicators takes the mystery out of expectations. Deciding on the means available to the worker to achieve agreed-upon goals forces both parties to be realistic when setting goals and developing expectations for achievement.

HR-18

Staff OrientationSTANDARDS

HRS-18.1

All staff shall be instructed in all emergency procedures before or during the first time on duty, and a record of such instruction shall be kept in each person's personnel file.

HRS-18.2

Within six weeks of the commencement of employment, all staff shall receive orientation sessions with respect to the administration manual (SEE: ORGANIZATION AND MANAGEMENT and PROGRAMMING), and a record of such sessions shall be kept in each person's personnel file.

HRS-18.3	Direct care and other program staff shall receive, within six weeks of the commencement of employment, orientation sessions with respect to the program manual (SEE: ORGANIZATION AND MANAGEMENT and PROGRAMMING), and a record of such sessions shall be kept in each person's personnel file.
HRS-18.4	Employees other than direct care workers and program staff shall receive orientation sessions with respect to the program manual within three months of the commencement of employment, and a record of such sessions shall be kept in each person's personnel file.

Guidelines

HRG-18.1	New direct care staff should be given an opportunity to spend time in the children's residence observing the program and daily activities before being assigned full responsibilities.
HRG-18.2	Experienced staff should accompany inexperienced staff on their duties and activities, especially when the safety of the children is involved, and make a conscious effort to give the new staff an opportunity to learn from their experience.

HR-19 Training Plans, Activities and Reports

STANDARDS

HRS-19.1	Within six months of the commencement of employment, each employee shall have his or her performance evaluated for the purpose of developing an individual training plan. (SEE also: HRS-22.1 and HRS-22.2.). He or she shall participate in the development of the training plan which shall include but not be limited to:
	<ul style="list-style-type: none"> a) a list of the minimum competencies required b) a list of any additional competencies desired c) a list of training activities planned, including but not limited to: <ul style="list-style-type: none"> i) the goal of each training activity ii) the relationship of the training activity to a specific competency area iii) the number of hours planned for each activity

- d) whether the training is to be provided by the agency internally or by an external organization
- e) the estimated cost of the training
- f) a description of the relationship of the training to the individual's most recent performance evaluation. (SEE: ORGANIZATION AND MANAGEMENT.)

HRS-19.2

The evaluation and the individual training plan shall be recorded and kept in the employee's personnel file. (SEE: ORGANIZATION AND MANAGEMENT.)

HRS-19.3

Individual training plans shall be reviewed annually and the review process described and recorded.

HRS-19.4

The operator shall maintain an individual written record of each staff member's training activities, including but not limited to:

- a) the initial evaluation of the worker's competencies
- b) subsequent revisions of the evaluation
- c) the date, duration and description of the content of each training activity in which the worker has participated
- d) the worker's written evaluation of each training activity and its usefulness with regard to improvement of job performance.

HRS-19.5

In parent-model facilities, the written annual training plan shall indicate a self-assessment of competencies required and a plan for undertaking training activities.

Guidelines

HRG-19.1

Each worker should participate in a training activity on work time at least three days a year.

- HRG-19.2 Each direct care worker should participate in a training activity on work time at least ten days per year, or the equivalent of 80 hours.
- HRG-19.3 The operator should encourage workers to take additional training on their own time.
- HRG-19.4 When direct care staff assume supervisory, management or administrative positions, the operator should ensure that the training plan reflects this change in the person's responsibilities.
- HRG-19.5 The operator should attempt to utilize less active periods such as times when children are in school to provide training activities for direct care staff.
- HRG-19.6 The operator should develop annually a consolidated training plan, including but not limited to:
- a) a list of all positions in the residence and the minimum competencies required
 - b) a list of any additional competencies desired for these positions
 - c) the number of staff designated to take training, their positions, and a summary of their training plans
 - d) the identification of options for maximizing the use of training resources to meet common training needs
 - e) the estimated cost of training.
- HRG-19.7 The operator should attempt to co-ordinate formal training activities and on-the-job supervision to give staff opportunities to:
- a) practice newly acquired skills
 - b) receive evaluative comment on their degree of success in applying training to the job.

HR-20

Utilizing Available ResourcesGuidelines

HRG-20.1

The operator should arrange formal training sessions that make maximum use of the knowledge and competencies of his or her own workers in training co-workers.

HRG-20.2

The operator should arrange formal training sessions that maximize the use of the training ability of workers in services in the community, especially in cases where the residence has direct contact with the service.

HRG-20.3

The operator should make maximum use of volunteers with particular expertise by involving them in the delivery of training sessions for facility staff in their areas of expertise.

HRG-20.4

The operator should seek to co-ordinate individual or facility training plans with relevant programs conducted by educational institutions.

HR-21

Job RotationGuidelines

HRG-21.1

The operator should attempt to rotate his or her staff among jobs requiring similar levels of competency with due regard to the need for continuity of care.

HRG-21.2

The operator should attempt to arrange exchange programs with other agencies and services.

HRG-21.3

Operators of specialized, high-intensity programs should develop policies with regard to leaves of absence and/or exchanges with less intensive programs with due regard for the continuity of care.

HR-22

Performance EvaluationsSTANDARDS

HRS-22.1

Every probationary employee shall be given a performance evaluation at least every third month. The evaluation shall be in writing, signed by the employee and the immediate supervisor, and placed in the employee's personnel file. (SEE: ORGANIZATION AND MANAGEMENT.)

HRS-22.2

Every permanent employee shall be given a performance evaluation at least annually. The evaluation shall be in writing, signed by the employee and the immediate supervisor, and placed in the employee's personnel file.

Guidelines

HRG-22.1

The evaluation of an employee should be based on the requirements of the job as outlined in the job description and an acceptance level of performance. (SEE: ORGANIZATION AND MANAGEMENT.)

HRG-22.2

At each evaluation session, the worker and the immediate supervisor should:

- a) mutually agree upon performance goals
- b) discuss the means that will be available to the worker to achieve these goals
- c) agree on indicators that will signify that the goals have been wholly or partially achieved.

Compatibility With Existing Legislation

Reference to the training and development of staff in existing legislation is scant. The Child Welfare Act states that the operating costs of all

Children's Aid Societies will include staff training and the cost of attending conferences and conventions, but makes no specific provision as to content or frequency of training and development procedures.

TEAMWORK AND SUPERVISION

Commentary

When a child enters the residential service system, his or her life becomes the concern of an ever increasing number of workers whose resources and knowledge are called upon to help the child. These workers, in addition to having different professional backgrounds, personalities and life experiences, occupy different roles in the system vis-a-vis the child and family. These different perspectives may cause each worker to have access to different information, understand the child and family in different ways, and develop different kinds of relationships with the child and family. Each worker thus has different opportunities and different potential for helping. Unless individual staff members have an opportunity to come to a shared understanding of their roles as these relate to the residence's policy, to its program and to how other staff think and feel about their work, staff may be unaware that they may be working at cross-purposes with each other, or with the written "program" or "policy". Moreover, even where the desired interrelationships and understandings may exist among residential staff, the best residential program may break down when the child returns to his or her previous environment. When other persons who play a significant role in the life of a child are involved as part of the team, rather than in a marginal way, there is an increased possibility that the effects of the program of care will continue.

Given these assumptions it is imperative that all those concerned with a child become involved at a common level. It is suggested here that the vehicle for achieving this common involvement and understanding is "teamwork", that is, the sharing of tasks, understandings, and resources over a period of time towards achieving a common goal - in this case the goal of helping the child.

Teamwork therefore becomes the means for ensuring the unique contribution of all those involved with a child, whether they be residence worker, specialist, consultant, volunteer, or parent. Although the circumstance of every child is different, and as a result the positive involvement of team members may vary, the application of the team approach will help to ensure that no human resources are left untapped.

Without minimizing the importance of the involvement of all those concerned with a child, it is suggested further that the core of a child's team consists of the direct care workers who come into constant daily contact with the child while he or she is in residence. It is important, therefore, that these workers be held particularly accountable for their performance and that they are specially guided and supported in their efforts to help. The vehicle for ensuring these conditions is "supervision", that is, the provision of direct leadership for the core team members involved with a child. Supervision, then, is viewed within the framework and co-operative environment created by teamwork. Supervisors are not considered as somehow removed from daily activities, but rather are seen as key team members whose role it is to provide leadership, ensure accountability and provide direct and daily guidance to those core team members involved daily with a child. It should be emphasized that the approach taken in the standards and guidelines does not dictate an organizational structure. The standards and guidelines simply provide a framework (supervision) within which accountability can be ensured in an environment of cooperation and sharing (teamwork).

Standards and guidelines are provided for the establishment of teamwork within a residence, the clarification of roles, the participation of team members including direct care workers, specialists, parents, consultants, non-direct care workers, and supervisors. The forums for communication between team members (i.e., team meetings and shift changes for workers) are dealt with as well.

HR-23

Establishing TeamworkGuideline

HRG-23.1

The operator should encourage good teamwork in the residence by ensuring that:

- a) staff strengths and weaknesses in the residence and on shift are balanced
- b) staff participate in setting and evaluating annual goals for the residence
- c) staff are encouraged in open and free communication and mutual guidance
- d) all staff, consultants, volunteers, students, and all other adults who are involved in some capacity with the children, understand and accept each other's roles and work duties.

HR-24

Role ClarificationGuideline

HRG-24.1

Each team should satisfy itself at the outset of its work as a team, and as necessary in the course of its work, that all team members have reached a common understanding and consensus regarding the special roles of the various team members. Agreement should be reached on:

- a) the special skills each team member is expected to bring to bear on the task
- b) the respective roles of each team member in the decision-making process.

HR-25

Parents as Team MembersGuideline

HRG-25.1

The team should respect and act upon parents' motivation to participate in the team by:

- a) recognizing and utilizing their competencies
- b) making every effort to ensure that the parents understand the program and their roles vis-a-vis those of all other team members, and understand that acceptance of parents as team members does not necessarily mean that they will be allowed to participate in the care of the child at all times.

HR-26.

Consultants as Team MembersGuideline

HRG-26.1

When a consultant joins the team, a written agreement should be drawn up. The agreement should include the following:

- a) the information and skills the consultant is expected to bring to the team
- b) the consultant's role in the decision-making process
- c) the time limits on the consultant's involvement with the team.

HR-27

Specialized Staff as Team MembersGuideline

HRG-27.1

When a staff member providing specialized services joins the team, a clear agreement should be drawn up, which should include:

- a) a specification of the nature of the specialized service to be provided to the children

- b) a plan whereby that service is to be integrated into the program and the child's plan of care
- c) a clarification of lines of communication and authority between other specialists and direct care workers.

HR-28

Volunteers as Team MembersGuidelines

HR-28.1

Volunteers should be considered part of the team. Their competencies should be carefully evaluated and their role in the care program clearly understood by the volunteers themselves as well as by other team members.

HRG-28.2

Volunteers should be carefully selected and their duties assigned relative to their competencies and their commitment to the children and the program.

HRG-28.3

Volunteers should be given only duties that are in line with their competencies and agreed-upon tasks.

HRG-28.4

Volunteers should be used only to supplement and enrich the program, not to replace regular workers.

HRG-28.5

When volunteers are a part of the program in a shift-operated residence, one of the residence's staff should be assigned as liaison worker in charge of volunteers.

HR-29

Non-Direct Care Workers as Team MembersGuidelines

HRG-29.1

Maintenance and administrative staff who work around the children in the residence though not with them, such as cooks, secretaries and maintenance workers, should be informed of the special problems of each child in the residence and any behavioural intervention procedures or other special programs set out for the child.

HRG-29.2 Maintenance and administrative staff should have ample opportunity to question and exchange information with the direct care staff regarding the children and their own interaction with them.

HR-30 **Direct Care Workers as Core Team Members**

Guideline

HR-30.1 The role of direct care workers as core team members should be clearly defined and supported by:

- a) defining the authority and limits surrounding the prime worker function
- b) clarifying the nature and extent of non-direct care duties assigned
- c) allowing adequate time and resources to enable the direct care worker to carry out duties with a minimum amount of unnecessary distraction and a maximum amount of support.

HR-31 **The Supervisor as Core Team Leader**

Guidelines

HRG-31.1 The supervisor should ensure that all staff:

- a) understand the limits within which they may make decisions in special situations, and know when decisions must be referred to the supervisor
- b) understand what information is required by the supervisor, the way in which it is to be presented (written or verbal) and the time at which it is to be presented.

HRG-31.2 The supervisor should ensure that staff follow the program and administrative guidelines and the individual plan of care for each child by:

- a) directly observing and working with staff in the work situation
 - b) reading all appropriate documentation made by the workers in various logs and files
 - c) being available and accessible to the worker when on duty
 - d) providing guidance on the worker's performance, and ensuring that the worker takes corrective action immediately, if necessary, or during informal and formal supervisory sessions.

HRG-31.3 Supervisors, while on shift, should know the whereabouts of all staff on duty and children, and the general nature of the activities they are involved in at any time.

HRG-31.4 Supervisors should work side by side with direct care workers in the unit for a minimum of 50% of their working time.

HRG-31.5 Supervisors should meet at least once a month with the prime worker of each child to examine;

- a) the appropriateness of the goals set for the child
 - b) the adequacy of the means employed to achieve those goals
 - c) the progress made towards reaching the goals set for the child.

HR-32 Shift Continuity

Guidelines

HRG-32.1 A minimum of 15 minutes overlap should be scheduled at the time of shift change.

Guidelines

HRG-32.2

Incoming staff should read material recorded in the logs and discuss with staff on the outgoing shift events that are required to maintain continuity and consistency in caring for the children and ensuring their safety (e.g., dispensing of medications).

HRG-32.3

Where possible, shift schedules should be drawn up so as to allow each direct care staff member an opportunity to work with all other direct care staff, and to allow supervisors to work with all direct care staff.

HRG-32.4

Where possible, shift schedules should reflect a balanced distribution of male and female direct care staff.

HRG-32.5

Incoming and outgoing workers should be given a chance to communicate with each other without being distracted by the immediate need to supervise the children.

HR-33

Team MeetingsGuidelines

HRG-33.1

A staff meeting should be held at least monthly, attended by direct care staff and the supervisor. (SEE also: ORGANIZATION AND MANAGEMENT.)

HRG-33.2

Team meetings should be planned in a way that will ensure that:

- a) the agenda is made available as far ahead of time as possible so that each team member is aware of the information that is to be brought to the meeting, and the purpose of the meeting
- b) all team members are encouraged to participate in order to achieve consensus, or clarify problems or disagreements

- c) decisions are properly recorded so that each team member has a clear understanding of what actions or tasks are required and who has been designated responsibility for them.

HRG-33.3

Sufficient meeting time should be provided to ensure that:

- a) all members are aware of their respective roles in each child's plan of care and in the overall program
- b) all questions and decisions regarding children are dealt with carefully and adequately
- c) all outstanding issues with regard to the program and administrative practices are adequately reviewed
- d) all issues regarding staff relations are aired and discussed.

Compatibility With Existing Legislation

The proposed standards and guidelines for teamwork and supervision reflect a focus on the needs of the worker in a residential facility that is absent from existing legislation.

STAFF-CHILD RATIOS

Any attempt to determine an appropriate level or pattern of staffing for a program, or set of programs, will depend significantly upon a number of factors, including:

- the nature of the direct care or treatment provided
- the extent of "outside" programming utilized
- the characteristics of the children in care (for example: age, sex, nature and severity of problems, conditions and behaviour)
- the number of children in care
- the goals and objectives of the program
- the range of functions carried out (for example: assessment, family therapy, aftercare)
- the nature and range of staff competencies
- the mixture of full-time and part-time staff
- the nature of the physical setting.

Traditionally, factors such as the level of available funding or administrative convenience have often determined staffing levels independent of the above care-related factors. The following standards and guidelines have been developed on the assumption that meeting the needs of the children in care is the primary and central concern of the residential care program.

In reading the standards and guidelines that follow, it should be kept in mind that the staffing models used in children's residential services are the parent model and the shift model. The types of care being provided, as outlined in the Programming section, are basic care programming, basic care programming combined with specialized services, and specialized programming.

It is possible to outline the most characteristic overall patterns of staffing for basic care programming in relation to parent and shift models. The parental model will have one or two live-in adults acting as full-time parents. In the shift model, staff are required to work on a scheduled rotation.

For the other two programming types, the variations in tasks and activities between program strategies, types of specialized services and the day-to-day needs of the children in care make it impossible to predetermine appropriate staff levels in general.

HR-34

Staff-Child RatiosSTANDARDS

HRS-34.1

In every children's residence providing basic care there shall not be less than an average of 1 direct care worker on duty for every 8 children and an additional staff person on call at all times.

HRS-34.2

In any basic care facility operated solely on a parent model (i.e., without auxiliary staff), the licensed capacity of children, including the couple's own children, shall not exceed 8.

HRS-34.3

In a shift-operated children's residence providing basic care where more than one direct care worker is on duty per shift, there shall be either a full-time supervisor or a direct care worker designated as a supervisor for the shift.

Guideline

HRG-34.1

In any basic care children's residence operated solely on a parent model, each parent should be relieved from major household and child-care duties at least one day and one evening per week.

Compatibility With Existing Legislation

The proposed standards and guidelines for staff-child ratios are based on a different approach than in existing legislation relating to children's residential services. The desired ratios of staff to children in residences are expressed in terms of a "competent" staff member in relation to a given number of children. The legislation does not specify the areas in which these staff members should be competent or establish requirements for ratios of staff to other staff in the residence. In addition, these standards have the effect of recognizing formally that certain periods of the day require high staff-child ratios while others may not.

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9. COMMUNITY INTEGRATION OF RESIDENTIAL CARE FACILITIES**CONTENTS**

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9. COMMUNITY INTEGRATION OF RESIDENTIAL CARE FACILITIES

The Community Integration standards* and guidelines* encompass a broad set of issues that relate to the process of defining a need for a residential care program*, to the selection of a site or existing building for the program, and to operation of the program in a manner that integrates it with the community in which it is located. The decision to develop these standards and guidelines was made when the working group for the physical plant standards came to the realization while considering locational aspects of residential care facilities that the standards in that area should be supplemented by a distinct set focussed on community integration.

Historically, there have been frequent conflicts between groups seeking to establish facilities and the residents of the affected neighbourhoods. While the opposition of resident associations and subsequently of local councils has sometimes been based on unrealistic fears and imagined problems, some of the concerns raised need examination. The more common concerns relate to:

- adequacy of supervision over group home residents
- adequacy of maintenance of the home and its grounds
- accessibility of a responsible agent of the facility for neighbourhood complaints or grievances
- concentration of similar or related facilities within the neighbourhood and the consequent impacts
- capacity of community and neighbourhood facilities, institutions and services to meet the needs of a facility's residents without a loss of access to these resources for neighbourhood residents.

Even though a well-operated facility would be unlikely to create the problems feared, promoters of facilities have occasionally been perceived as insensitive to these issues.

The range of issues involved in this area of facility and neighbourhood relationships necessitates a multi-pronged approach to their resolution. The broad scope of the residential care standards in this consultation document will establish the basis for well-managed facilities. This body of standards as a whole will provide considerable protection to both the children within a facility and the surrounding neighbourhood. The Physical Plant standards prescribe minimum conditions for licensing facilities that deal with the second issue in particular. The standards, guidelines and suggested procedures and practices contained in this Community Integration section will contribute to a more thoughtful and planned development of facilities in the future and encourage attention of current facility operators to neighbourhood relations.

The working group on Community Integration recognized that local zoning by-laws play a major role in determining the location of residential facilities and thereby have a significant impact on the degree of physical integration facilities can achieve within a community and neighbourhood. Local government has authority under The Planning Act to establish zoning by-laws to regulate the character and use of land and hence of buildings. These by-laws may directly permit or exclude group residential facilities within a municipality's respective residential or other zones. Furthermore, by-laws may indirectly permit or exclude such facilities in various zones depending on the definition of "family" used in describing the nature of housing types, e.g., single family dwelling. Currently there is a lack of uniformity among municipalities as well as among different residential zones within a single municipality with respect to the definition of "family".

While Ministry policy encourages community-based residential facilities as alternatives to institutional care and while it provides the majority of operating funds for such facilities, program implementation has encountered difficulties in matters of location and distribution of facilities. The locational and distributional difficulties arise from the variations in local zoning by-laws with respect to such facilities.

Except in the case of the City of Toronto's new by-law on group homes, no municipality provides, as a right, permission to locate in all residential zones. The most common practice is to require an application for re-zoning or an application for variance before the local committee of adjustment. In either situation, the matter becomes subject to public debate, and this has consequently meant time-consuming procedures and vocal public opposition from local residents.

Parallel to the Children's Services Division's development of standards for the children's residential care facilities, the Interministerial Working Group on Group Homes was formed to examine the matters of location and distribution of all such facilities falling within provincial jurisdiction. The final report of this working group is nearing completion and it can be anticipated that this area of provincial/municipal relations will receive added attention. It is clearly recognized that a satisfactory resolution of these locational and distributional issues will only occur through an enhanced sense of provincial/municipal co-operation and partnership in serving the needs of persons requiring non-institutional care.

The working group on Community Integration standards also recognized that in the past some poorly planned and managed facilities have been permitted to operate. For this reason, local reluctance to permit establishment of facilities is understandable. However, the strengthening of provincial standards with respect to such facilities should prevent further occurrences of this nature.

THE COMMUNITY INTEGRATION STANDARDS AND GUIDELINES

Standard Setting Goal

To ensure that in the development and operation of licensed residential child care facilities in Ontario the residents have ample opportunities for integration within the life of a neighbourhood and that sufficient measures are taken to enhance good relationships between a facility's residents and those of the surrounding neighbourhood.

Rationale

The Children's Services Division has adopted a policy and program focus based on the conviction that children learn to live in a community by remaining a part of the community, and that required residential services and community resources should be available within the general region of the family. A corollary to this conviction is the belief that community-based residential services should be equitably distributed across the province as well as within all residential areas within any particular community. In promoting the development of community-based residential care facilities, the Division also recognizes the need to establish standards and guidelines that enhance good relationships between facilities and the neighbourhoods in which they are located.

Principles

1. Normalization: Every child needing residential care should have the opportunity for such care in his or her own community in an environment that reflects culturally acceptable patterns and practices of normal community living.
2. Accountability: It is incumbent upon the agent responsible for a facility to provide means whereby harmonious neighbourhood relations are developed and maintained.
3. Accessibility: The development and operation of residential facilities should ensure reasonable access of residents to a broad range of community resources and activities.
4. Assimilation: The development and operation of a facility should be undertaken in a manner consistent with the needs of the residents and compatible with the norms of the neighbourhood in which it is located.

FACILITY PLANNING

Commentary

The decision to develop a residential facility for children should be the end product of a thorough examination of the needs of the children to be served, an exploration of non-residential alternatives for service and a clear identification of program purposes and objectives. The selection of a specific site for the location of a facility, whether for new construction or the acquisition of an existing building, should entail an equally thorough review of matters related to the desired character of the surrounding neighbourhood, the availability of support services and the opportunities for integration of facility residents into the mainstream of community life. Not infrequently, mere availability of a site has been the central, if not sole, criterion used for site selection. While this may be understandable given the general restrictiveness of some local zoning by-laws, the results have sometimes been detrimental to both the program and the surrounding neighbourhood.

The degree to which a residential facility contributes to successful integration of its residents into a community appears to depend upon three qualitative elements. The first is the quality of the program and the degree to which it is clearly defined and effectively managed. The second element is the character of the neighbourhood in which a facility is located. Ideally, site selection should be a conscious decision to choose an environment that will provide opportunities for interaction consistent with program purposes between a facility's residents and a larger community. The final element relates to the extent that opportunities for integration are consciously and sensitively planned. Without this deliberate focus on integration and its qualitative aspects, the thrust towards community-based residential care loses its purpose and meaning.

The proposed standards and guidelines present both requirements and suggested practices that will encourage thoroughness and explicitness with regard to integration of facilities within residential neighbourhoods. In keeping with the stated goal, the standards are based on the assumption that the needs and rights of children to both care and opportunities for participation in the mainstream of our society are of primary importance. It is also recognized that such care and integration will only be achieved if facility planning and development occur in the context of a clear recognition of neighbourhood characteristics and styles. The standards and guidelines are oriented towards documenting the compatibility of a facility and the neighbourhood in which it is to be located.

It is fully anticipated that the specific nature of the documentation required by the standards will vary from community to community, depending upon local conditions and the nature of the program and facility proposed. The guidelines are intended as both a description of a preferred process of program and facility planning and a checklist of some of the elements and factors that should be considered.

It is further suggested that the overall process should provide numerous opportunities for consultation between the sponsoring group and other interested individuals and organizations. The elements to be considered have been grouped into a checklist of common phases that might characterize a typical development process. Again, it should be noted that each proposal may vary in terms of the elements examined and the level of detail.

The ordering of the guidelines reflects an intent to encourage a planning process that would be characterized by increasing degrees of proposal specificity and clear opportunities for consultation with provincial and other authorities and service agencies. Facility establishment and licensing would be the end products of this planning process. The guidelines and proposal elements were identified by persons in the field as typical of a thorough planning process and a high-quality program/facility proposal.

CI-01

Pre-Licensing Documentation

STANDARD

CIS-01.1

Every individual or organization seeking to establish a licensed residential care facility for children shall supply to the Ministry the following documentation during the process of facility planning:

- a) a written proposal that outlines the program purpose, goals, objectives and methodology in accordance with standards OMS-01.1 and BCPS-01.2
- b) documentation of the need for a residential facility and a description of the needs of the client population to be served
- c) documentation of available community and neighbourhood facilities and services and the ways in which these are appropriate and available to the children to be served
- d) written evidence of consultation with any community service agencies, specifically to include local school boards, from which services for the children will be required

- e) identification of similar or related facilities currently existing within the neighbourhood and their proximity to the proposed site
- f) a description of the proposed neighbourhood in which the facility is to be located and the ways in which the neighbourhood will be suitable for the facility
- g) identification of persons within local government and other relevant bodies with whom consultations were undertaken
- h) a plan for securing the acceptance of the facility within the neighbourhood.

Guidelines

CIG-01.1

A written letter of intent to plan the establishment of a residential facility should be forwarded to the Ministry at the earliest possible date.

CIG-01.2

The preliminary description of the proposed program, the need for a residential facility and the relationship of the facility and service to the community should include but not be limited to the following elements:

- a) the identity and history of the sponsoring group
- b) a tentative definition of program purpose and objectives
- c) the rationale for a residential component

- d) the nature of the client population to be served
- e) evidence of recognition of need in the community
- f) the way in which both the program and facility are deemed appropriate to meeting the defined need
- g) means of service coordination with other agencies and organizations.

CIG-01.3

The detailed program description and identification of the general qualities of facility design and location should include but not be limited to the following elements:

- a) identification of the service need that the program and facility would address, and how this need was determined
- b) age, sex and problem characteristics of the target group
- c) anticipated length of stay of residents
- d) identification of community education elements of the program
- e) description of internal program elements
- f) identification of external support services to be required
- g) description of support for and opposition to the proposal within the community
- h) description in general terms of the preferred location of the facility and the rationale for the location.

CIG-01.4

The development of a final program proposal and specific designation of a preferred location should include but not be limited to the following elements:

- a) a detailed program description including a proposed budget
- b) designation of specific neighbourhoods as preferred locational options

- c) background information with respect to preferred neighbourhoods:
 - i) applicable zoning by-laws
 - ii) an inventory of local community resources, including specific reference to the availability of educational services
 - iii) proximity to other facilities of a similar or related nature
 - iv) characteristics of the neighbourhoods, such as housing types, age distribution of residents
 - v) a history of any previous attempts to develop residential care facilities within the neighbourhoods.
- d) plans for safeguarding compatibility of the facility with the neighbourhoods:
 - i) parking and vehicular movement
 - ii) property maintenance
 - iii) description of any plans for renovation or landscaping
- e) plans for consultation and liaison with local officials, neighbourhood residents, etc.

FACILITY OPERATION

Commentary

While sound facility planning and site selection may establish the basis for community integration, the day-to-day operation of a residential program is the critical test. As previously noted, other areas of the residential care standards and guidelines, such as Organization and Management and Programming and Human Resources, will have impacts on community integration.

As a supplement to the community integration content of these standards and guidelines, three additional standards are proposed below that establish procedural requirements for all residential facilities. In recognition of the wide variation in programs, facility sizes, neighbourhood characteristics and the experiences of persons providing residential care for children, the standards are supplemented with a listing of guidelines to consider in procedural development. The guidelines were developed from suggestions made by persons in the field. The listing is not exhaustive nor are the guidelines necessarily appropriate for all facilities. They are offered as suggestions to consider in light of specific circumstances. It is fully recognized that common sense and good judgement are the key elements in maintaining relationships between a facility and the surrounding neighbourhood.

C1-02 Accountability To Community

STANDARD

- CIS-02.1** Every operator of a residential facility for children shall have written policies, practices and procedures with respect to the means whereby local residents have ready access to a responsible agent of the facility. (SEE also: ORGANIZATION AND MANAGEMENT).

Guidelines

CIG-02.1

Consideration should be given to such practices for providing local residents ready access to a responsible agent of the facility as:

- a) registration of the residence with the municipal/town clerk
- b) responsiveness to neighbours through:
 - i) identification of a staff member responsible for public relations and liaison
 - ii) encouragement of neighbourhood membership on the board of directors or advisory board
 - iii) participation of a staff member in school meetings
 - iv) immediate response to complaints
- c) provision of the telephone number of the supervisor/directors to the local councillor
- d) encouragement of visits to the facility by local politicians/school board trustees, and other elected officials
- e) regular staff communication with school principals and teachers and participation in relevant school activities. (SEE also: PROGRAMMING.)

C1-03

Compatibility With Neighbourhood PatternsSTANDARD

CIS-03.1

Every operator of a residential facility for children shall have written policies, practices and procedures to encourage operation of the facility in a manner compatible with the neighbourhood in which it is located with due regard to the unique and special needs of the children being served.

Guideline

CIG-03.1

Consideration should be given to such practices for operating the facility in a manner compatible with neighbourhood patterns as:

- a) storage and disposal of garbage in a manner compatible with neighbourhood practices, e.g., placed outside immediately before a morning pick-up rather than left out overnight, if that is the neighbourhood custom
- b) provision of staff parking on or adjacent to the site
- c) ensuring that volumes from sound equipment, i.e., radios, television sets, stereos, C.B.s, tape recorders, any musical instruments, are not audible outside the residential property
- d) ensuring that children observe reasonable curfews
- e) ensuring that bicycles and other equipment do not obstruct public sidewalks and streets.

CI-04

Neighbourhood InteractionSTANDARD

CIS-04.1

Every operator of a residential facility for children shall have written policies, practices, and procedures to encourage the participation of residents in community activities. (SEE: PROGRAMMING.)

Guideline

CIG-04.1

Consideration should be given to such practices for encouraging the participation of residents in community activities as:

- a) encouragement of children to join local organizations and associations
- b) encouragement of children to participate in local community affairs and programs
- c) sharing use of the facility and its play equipment with neighbourhood children
- d) sponsoring of community education programs or seminars
- e) speaking at meetings of local ratepayer associations and other community groups.

Compatibility With Existing Legislation

Current legislation does not clearly set out standards with regard to the matters dealt with in these standards and guidelines. However, many of these matters have routinely been examined in the planning process for facilities seeking provincial capital assistance and requiring provincial approval of their plans. The field staff of the Children's Services Division have as a matter of course encouraged groups to review, and in many instances document, most of the information required in these proposals. While these standards would necessitate legislative change with regard to mandatory documentation prior to licensing, the program areas most affected would be children's boarding homes and Children's Aid Society facilities. The net impact of these proposals would be to establish greater planning controls over programs that were previously not subject to provincial plan approval and to explicitly confirm a process and practice similar to that in the children's institutions and children's mental health centres programs. However, the documentation requirements would exceed those of all current programs.

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10. PHYSICAL PLANT IN RESIDENTIAL CARE

The proposed Children's Residential Services Act will establish a single statutory structure for the licensing of all operators that provide care for three or more unrelated children. In developing a proposed set of physical plant standards to accompany the new Act, a number of central issues had to be recognized and resolved. In brief, these were the needs:

1. to develop standards* that are uniform for all facilities having a similar nature regardless of their past program affiliation (e.g., children's mental health centres, correctional group homes)
2. to develop a workable typology for classifying facilities that would at least recognize the differences between large and small facilities for standards purposes
3. to develop the means for encouraging flexibility and individualization of design and use of facilities while ensuring adequate protection for the health, safety and general well-being of the children served.

Unlike many other areas of residential care standards, physical plant standards are not the exclusive responsibility of the Children's Services Division. For example, the Ontario Building Code prescribes uniform building standards for all structures, including children's residential facilities, built or converted in use across the province since 1975. Likewise, local by-laws prescribe standards with respect to such matters as density, character and use of buildings, fire safety, health safety, to name but a few. Therefore, this proposed set of Physical Plant standards and guidelines* has been developed within this larger context and in many instances supplements the standards prescribed by other codes and regulations.

The initial impact of the proposed Physical Plant standards and guidelines might well promote dismay as to their bulk and detail. Yet a closer examination will reveal that the Ministry's commitment to decentralization and deregulation has not been forgotten here. Much of the material is in guideline form. The areas where standards are concentrated involve fire, safety and health concerns for the children. These concerns are critical. The issues of local autonomy and deregulation must necessarily be secondary to the proper treatment of these concerns in standards form. In these areas, certainly, thoroughness cannot be sacrificed for the sake of brevity. Similarly, the decentralization issue has little validity for these areas. Health and fire safety measures do not and must not vary significantly between localities in the province.

Other areas have been treated by guideline rather than standard to leave as much flexibility as possible for adjustment to local conditions and program requirements. The guidelines are offered as the collected wisdom of this and many other jurisdictions as to many fine points of physical plant design that might easily be overlooked, and yet when addressed can contribute substantially to the betterment of care in residential facilities. The Ministry believes their inclusion here contributes an authoritative and useful guide to planners of such facilities.

When reading the standards it should be understood that they are not to be construed as precluding the use of units in apartment buildings as residential facilities for children.

For the most part, the proposed standards and guidelines are applicable to all facilities regardless of size or program* type. However, it was recognized that fire safety standards needed to be differentiated according to the size of the facility. Differentiation by size reflects both the approach of the Ontario Building Code and a common-sense understanding of the relationship between numbers of people and fire safety. Further elaboration on this matter is provided in the commentary under Fire Safety and Health.

The standards themselves were developed following a review of current legislation, standards found in other jurisdictions across Canada and the United States, and discussions with persons currently involved in residential care facilities. They represent what seems to be the most appropriate statement of structural and safety requirements for the licensing of residential care facilities.

In addition to the standards, a comprehensive set of guidelines has been developed. They are intended to serve as a checklist of the criteria to be considered in the design and/or use of a setting for a residential care program* for children and young people. They will also serve as a means of evaluating the differences between alternative sites or buildings. As guidelines, they are intended to encourage flexibility in design and soundness of decision making with regard to facility selection.

THE PHYSICAL PLANT STANDARDS AND GUIDELINES

Standard Setting Goal

To ensure that every child receiving care in a licensed residential facility in Ontario is provided with a healthy, safe and secure physical environment that has been designed to meet the needs of the children it serves, and is typical of the community in which it is located.

Rationale

A residential care facility should not be seen merely as a building. Its physical plant - structure, site, internal and external arrangement of spaces, health, safety and security provisions - is a key element in the quality of care. The physical plant provides an environment that should protect and ensure the well-being of the facility's residents, support a desired set of interactions among the residents, and enhance the capacity of the program of care to meet its desired objectives.

Principles

Six main principles are proposed as a framework for organizing and developing physical plant standards for residential care facilities. These principles are:

1. Children's Rights: All children placed in extra-familial residential care facilities are entitled to a healthy and safe environment with features and protection at least equal to, if not exceeding, those enjoyed by the normal family dwelling.
2. Program Purpose/Specificity: The design or selection and use of all residential facilities should follow from a clear definition of program purpose and objectives.
3. Normalization: The structure and location of residential facilities should create an environment conducive to social interaction approximating as nearly as possible that of normal family living.
4. Individualization: The structure of residential facilities must afford individual privacy and spaces adaptable to the program needs of the individual child.
5. Accountability: All providers of residential services must be held continually accountable for ensuring the maintenance of a healthy, safe and secure environment for the children in their care.
6. Integration: The structure and location of residential facilities must promote integration of the residents into the mainstream of community life.

LOCATION OF FACILITIES

Commentary

The specific location of a facility will have a significant impact both on the children to be served and on the residents of the surrounding neighbourhood and community. The choice of a particular location should reflect a careful review of many factors related to the needs and interests of the children to be served, local residents and community service agencies and facilities. While the needs of the children are of primary importance, failure to adequately identify and provide the means of ensuring compatibility of the facility with neighbourhood patterns may seriously jeopardize the effectiveness of an otherwise well-conceived program.

While many people in the field recognize the importance of location of facilities and the need for standards, guidelines and policies, a review of other jurisdictions revealed little beyond very vague statements in the nature of goals or principles. It was also clear to the working group for the Physical Plant standards that a number of factors are involved in the selection of an appropriate site for a facility. Furthermore, the wide variation in neighbourhoods among Ontario's many communities makes standard setting based on specific distances between facilities, occupancy totals, housing types, etc., impossible. Each of these factors also varies in importance depending upon the program type and characteristics of the target group being served. The central issue, therefore, is not the identification of arbitrary figures, but standards that ensure that the relevant factors, interests and concerns are identified and included in the site selection process.

This section outlines the standards and guidelines with respect to location of facilities that would immediately precede the actual application for a licence. It is assumed that the facility planning process outlined in the Community Integration standards has already occurred.

PP-01 Site or Building Selection and Development

STANDARDS

PPS-01.1

Every individual or organization seeking to establish and operate a licensed residential care facility for children shall supply the following documentation to the Ministry:

- a) a description of the ways in which the proposed site location of the facility will benefit the children to be served

- b) identification of the permitted uses of the site under existing zoning by-laws of the municipality in which the site is located
- c) a copy of the site plan and a sketch of the floor plan of the proposed facility
- d) a description of the way in which the facility will be physically consistent with the neighbourhood in which it is located.

Guidelines

PPG-01.1	The site should permit social and physical integration of the children's residential facility within the community and neighbourhood.
PPG-01.2	Services including schools, health care facilities, shopping, recreation, churches and public transportation should be convenient to the residence site.
PPG-01.3	Close proximity to similar facilities should be avoided to ensure sufficient opportunity for assimilation and integration of the residents into the neighbourhood and community.
PPG-01.4	The area in which a site is located and the adjacent land uses must be considered for compatibility in regard to scale, noise, activity, safety and general well-being.
As a helpful supplement to these guidelines, use of the National Institute on Mental Retardation's Field Manual, <u>Program Analysis of Service Systems (PASS)</u> (3rd Edition, 1975), is recommended.	

Compatibility With Existing Legislation

While no piece of current legislation clearly sets out standards with regard to these locational matters, many existing facilities have been established by following the procedures discussed above. In this sense, the standards will formalize to some extent elements of what has in the past been "common practice". However, the statements of common practice in these standards and guidelines may help to ease the fears of many resident associations and local councils, and prevent or avert hasty development or conversion of facilities for residential care.

STATUTES AND REGULATIONS, CODES AND LOCAL BY-LAWS

Commentary

In addition to the standards set forth by the Children's Services Division, facility operators must recognize and comply with standards and requirements established by other local and provincial regulatory bodies. The Ontario Building Code has previously been noted as a building standards document having uniform force across the province with numerous requirements that affect children's residential facilities.

While the Division is committed to the establishment of uniform standards for residential care, its further commitment to decentralization and normalization necessitates flexibility at the provincial level and a recognition that local communities have clear roles to play in ensuring compatibility of facilities with local circumstances. To achieve these ends, the following standards are proposed.

PP-02 **Compliance With Other Authorities**

STANDARD

PPS-02.1	<p>Every building or part thereof that is used as a children's residential facility shall be so constructed, used, furnished or equipped as to comply with:</p> <ul style="list-style-type: none">a) laws affecting the health of inhabitants of the municipality in which the facility is located as determined by the local medical officer of healthb) any rule, regulation, direction or order of the local Board of Health and any direction or order of the local medical officer of healthc) any by-law of the municipality in which the facility is located or other law for the protection of persons from fire hazards as determined by the local fire authorityd) any restricted area, standard of housing, occupancy or building by-law passed by the municipality pursuant to Part II of the Planning Act as determined by the council of the municipality in which the facility is located.
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Summary

The by-laws, rules and regulations referred to in these standards are established by various municipal authorities under such Acts as The Municipal Act, The Planning Act, The Public Health Act, and The Fire Marshal's Act. Furthermore, local authorities enforce certain provincial Acts such as the Ontario Building Code. It is not possible to cite all such specific laws in these standards. However, the operator or potential operator of a facility could determine the relevant laws in effect within the municipality where a facility is to be located by contacting the respective municipal, fire and health authorities.

Over the past few years, both local government and neighbourhood associations have raised numerous concerns regarding residential facilities. In many instances, this opposition has prevented many facilities from locating in residential areas. The development of residential care standards by the Children's Service Division has, in part, been an attempt to deal with some of these legitimate criticisms. Likewise, standard PPS-02.1 (d) above clearly establishes the authority of local government with respect to location of facilities.

However, it must also be recognized that the Division is still committed to the belief that children have a right to care within their own communities. To this end, the Division will support efforts to ensure an appropriate distribution of facilities within communities, access of facilities to all residential zones, and a "fair share" distribution of facilities across the province. It is the hope of the Division that the effect of residential care standards will be to encourage municipalities to follow the lead of the City of Toronto by making their zoning by-laws more amenable to the development of residential care facilities.

Compatibility With Existing Legislation

The proposed standards currently apply, either as regulations or policies, to all existing programs with the exception of observation and detention homes, children's mental health centres, and facilities operated by a Children's Aid Society. However, the programs not at present subject to these proposed standards do as a matter of course comply with these standards or are compelled to do so by municipal authority. Consequently, the proposed standards will ensure uniformity across previous program lines, but will not have any significant impacts upon existing or future programs.

GROUNDS AND EQUIPMENT

Commentary

This section focusses on the external area of a facility including its exterior appearance and grounds. The proposed guidelines provide direction with regard to desirable external features of a facility. It is recognized that some facilities in urban areas may not have the required outdoor recreation space on the site. However, an operator of a facility would be able to apply to the licensing authority to provide a lesser area if other resources such as parks, playgrounds or recreational centres are located nearby, and are available and safely accessible to the children.

PP-03 Building Exterior and Grounds

Guidelines

- PPG-03.1 Where a facility is located in a residential neighbourhood:
- The appearance of the structure and the grounds should be similar to that of other residential accommodation in the area.
 - The exterior of the facility and quality of the grounds should be maintained at a level equal to or slightly above that of the surrounding neighbourhood.
 - Signs or other features that draw visual attention to the special nature of the facility, except those required for health or safety reasons, should be avoided.
- PPG-03.2 For new construction, building materials and a structural system should be selected with a view to residential character: compatibility with the neighbourhood, durability and economy of operation, recognizing the cost of upkeep and the necessity for energy conservation.

- PPG-03.3 Landscaping, trees and shrubs should be used to provide a setting for the residence and to enhance the immediate climate by providing shade and wind control for the building and outdoor sitting and play areas. Planting should be selected for enhancement of the residence, compatibility with the neighbourhood, and ease of maintenance and durability.
- PPG-03.4 Site layout and planting should be designed for easy and economical upkeep and maintenance, and paving of site surfaces should be kept to the minimum necessary to facilitate maintenance and activities.
- PPG-03.5 For a facility to accommodate physically handicapped people including persons in wheelchairs, there should be no gradient exceeding 1:20 unless ramps and steps complying with the requirements of Part 5 of the Building Code are provided.

PP-04 Storage of Grounds and Maintenance Equipment

STANDARDS

- PPS-04.1 Space shall be designated for the storage of outdoor equipment, and locked storage shall be provided for hazardous chemicals and other hazardous substances and equipment.
- PPS-04.2 Garbage shall be stored and disposed of in a manner satisfactory to the local medical officer of health.

Guideline

- PPG-04.1 Storage areas should be at ground level with concrete flooring and an exterior door, wide if possible.

PP-05

Recreation Area and EquipmentSTANDARD

- PPS-05.1 Each facility shall have a minimum area of 9 square metres per resident of outdoor play space, maintained in a safe and sanitary condition.

Guidelines

- PPG-05.1 Where provided, play equipment should be safe, appropriate to the age and size of children being served, and maintained in working order.
- PPG-05.2 Part of the exterior recreation area should be of a hard or paved surface convenient to the dining and food service area of the house to permit outdoor sitting and eating.

Summary

Guideline PPG-03.1 speaks to an issue of significant importance. Poor external maintenance of a facility has frequently been an objection raised by local government and neighbourhood associations, and in some cases rightly so. However, this is not a matter that lends itself to objective measurement.

Compatibility With Existing Legislation

With the exception of PPS-05.1 dealing with outdoor play space, these standards will not have a significant impact on legislation or usual practice.

ACCOMMODATION

Commentary

This section focusses on the internal spaces of a facility. While the design of a new facility and the use of space in an existing building should permit individualization of the interior to meet the needs of the children served, the standards identify a number of common specifications. These standards are developed to ensure some basic rights of children to privacy, security and an environmental scale that approximates as much as possible that of normal family living. They have been developed after a careful review of existing legislation in Ontario, a review of standards in other jurisdictions and an examination of the experience of authorities in the field.

The extensive set of guidelines sets forth a more ideal description of how spaces might be arranged and used. The purpose of the guidelines is to identify criteria that a facility operator should consider and weigh when designing or acquiring a building. The guidelines are not generally intended for existing facilities, and should not be read to imply the Ministry's intent to require extensive changes in the internal physical structure of such facilities.

PP-06

Building Interior

Guidelines

PPG-06.1

The scale and atmosphere of the home should be residential in character: similar to those of a single family living unit.

PPG-06.2

Larger residential settings should attempt to minimize institutional qualities where possible, by encouraging small group relationships through cottage-style uses of existing space providing identifiable personal space and ensuring the utilization of suitable available community facilities.

PP-07

Entrance

Guidelines

PPG-07.1

All residences should have at least two entrances:

- a) one for general use by residents and visitors, with direct access from the street and preferably with overhead shelter, serving as an air lock against weather, and the point where visitors are identified and where coats and footwear are removed

- b) a second, more private entrance giving access to the interior from outdoor activity areas.

PPG-07.2

Accessibility: The main entrance to the home should be readily discernible from the street and reached by a simple foot path from the car park or the sidewalk.

PP-08

Furnishings and Related Equipment

Guidelines

PPG-08.1

Living, dining and indoor recreation areas should be appropriately furnished and adequately equipped to meet the needs of the number of children and adults in the facility.

PPG-08.2

The furniture selected for the residence should be of good quality, appropriate character, appealing, comfortable, durable, readily cleanable, supportive and movable.

PPG-08.3

Beds should not be clearly institutional furniture in appearance, and should have firm, comfortable mattresses, standard, single adult size, at least 100 cm wide.

PP-09

Finishes and SurfacesGuideline

PPG-9.1

Finishes should be selected for easy maintenance, domestic character and their resistance to damage or disfigurement:

- a) The colours generally should be light for energy conservation, and when accent colours are used, clear definable colours are preferable.
- b) Wall surfaces such as plaster board and light, hollow-core doors that are prone to damage should be avoided where they might be hit by feet or moving equipment such as wheelchairs.
- c) Rough surfaces may be physically hazardous in some locations such as play and circulation areas.
- d) Carpet should be considered, and when used should be held in place by adhesive backing and have a dense pile that will not impede movement of residents who use wheelchairs or have difficulty in walking.

PP-10

Doors and WindowsGuideline

PPG-10.1

As well as being designed to admit adequate light, windows should be planned for good seasonal ventilation, viewing convenience, natural cooling, effective insulation and safety:

- a) Doors and windows and their hardware should withstand fairly heavy use but be easy to operate.
- b) Door side lights and glazed and sliding screen doors, when they are closed, should be clearly visible.
- c) Window sills in bedrooms and living areas should be low enough to permit views of the surroundings.

PP-11

Designated AreasSTANDARD

PPS-11.1

All residential facilities shall have specifically designated spaces for informal living, dining, sleeping, bathing, food preparation and storage.

PP-12

Recreation AreasSTANDARD

PPS-12.1

Each facility shall provide areas for indoor recreation with a minimum of 4.5 square metres per child.

Guidelines

PPG-12.1

The recreation areas should be durable, yet comfortable, cheerful and attractive, capable of withstanding rough, boisterous play and of flexible arrangements permitting a variety of activities including noisy games, TV watching, radio and record player listening, arts and crafts, workshop activities and repair of equipment such as bicycles.

- PPG-12.2 **Accessibility:** The recreation areas should be located where noisy activities will not conflict with quieter activities in the house, possibly adjacent to equipment and tool storage areas.
- PPG-12.3 **Orientation:** The location of the recreation areas should be light and cheerful in daytime while permitting enclosure at night, and well-ventilated in summer.

PP-13 **Lounge Areas**

Guidelines

- PPG-13.1 The lounge areas for quieter, more passive pastimes should be planned and located to avoid conflict with the active recreation areas and to accommodate reading, study, relaxation, conversation and entertaining.
- PPG-13.2 **Accessibility:** The lounge should be central and close to the main entrance and, if possible, to a passive outdoor recreation area.
- PPG-13.3 **Furnishings and Spatial Characteristics:** The lounge should be an area large enough to accommodate all the residents and staff, and comfortable, with seating suitable for conversation and reading.

PP-14

Dining AreaGuidelines

PPG-14.1

The dining area should enable residents and staff to eat together in family style, and be capable of being used for other purposes such as games, studying and meetings when indoor activity space is limited.

PPG-14.2

Furnishings and Spatial Characteristics: One or more tables with enough seating space to accommodate the whole group should be provided, and some flexibility of arrangement is desirable. There should be 1.2 square metres of space per person.

PP-15

Sleeping Accommodation for Children - Specifications**STANDARD**

PPS-15.1

Sleeping accommodation for children shall meet the following minimum specifications:

- a) All bedrooms shall be as near as possible to the ground floor and in no case shall a bedroom for children under 16 years of age be higher than the second floor. (SEE: PPS-27.1 (a) for further information.)
- b) No rooms without windows shall be used as bedrooms and no area of bedroom window space shall be less than that prescribed by the Ontario Building Code.
- c) Each bedroom shall have a minimum area of 5 square metres of floor space for each child under 16 years of age and a minimum of 7 square metres of floor space for each resident 16 years of age or over. Facilities that accommodate infants shall have a minimum area of 3.25 square metres of floor space per infant.
- d) Each child shall have his or her own bed appropriate to his or her age, with level springs, a clean and comfortable mattress, bedding appropriate for weather and climate and, if necessary, a plastic mattress cover or other protection from bedwetting.
- e) All beds shall be at least 76 cm apart from other beds on all sides and no bed shall overlap windows or heating units.
- f) No child over two years of age shall share a bedroom with another child of the opposite sex.

Guidelines

PPG-15.1

The sleeping areas should provide each resident with identifiable personal space for rest, sleep, study, storage of clothing and personal possessions.

PPG-15.2

Children should be accommodated one or two to a bedroom.

PPG-15.3

Accessibility: The sleeping areas should be away from noisy activity areas and close to bathrooms and the central area for easy staff supervision.

- PPG-15.4 Furnishings and Spatial Characteristics: The larger sleeping area prescribed in standard 07.1 (c) as a minimum for the child 16 years of age or over (7 square metres) should be provided to facilitate future program changes.
- PPG-15.5 The wall finishes, colour scheme and furniture of the sleeping areas should permit some personal expression by the residents through wall hangings and pictures. Sufficient electrical outlets should be provided for lamps and radios.

PP-16 **Bathing and Toilet Areas**

STANDARDS

- PPS-16.1 All facilities shall have a minimum of one wash basin with hot and cold water and one flush toilet for every five residents or fewer and one bath or shower with hot and cold water for every eight residents or fewer. Where more than one toilet or shower/bath is provided in any one room, each shall have a separate compartment.
- PPS-16.2 Each child shall have a sanitary place to keep his or her toothbrush, towel, and wash cloth.
- PPS-16.3 All bathing and toilet facilities shall be well lighted, well ventilated and heated.
- PPS-16.4 The maximum water temperature in all washrooms and bathrooms shall be 45 degrees Celsius.

Guidelines

PPG-16.1

For privacy, the bathing areas should be planned for one-person use, with privacy locks keyed from outside and ample enough to permit assistance, particularly for younger children.

PPG-16.2

Accessibility: All bathing and toilet facilities should be located as near as possible to the children's sleeping area, and where possible, on the same floor, and a washroom with toilet should be convenient to the living/activity areas, the entrances and the kitchen.

PP-17

Kitchen Equipment and Dry Food Storage**Guidelines**

PPG-17.1

The kitchen should be adequate for the preparation of full meals for the residents of the home/facility, staff and some guests, and offer the residents the opportunity for an educational, domestic cooking experience.

PPG-17.2

Accessibility: The kitchen should:

- a) be adjacent to and directly accessible from the dining room
- b) provide convenient entry for food deliveries and easy access to waste disposal, but not have a door opening directly to the exterior
- c) provide adequate storage space for dry food (cupboards) and cleaning supplies (a broom closet).

PPG-17.3

Orientation: The kitchen should have natural light and good ventilation.

- PPG-17.4 **Furnishings and Spatial Characteristics:** The kitchen area should be sufficient to allow participation by and assistance from the residents in kitchen activities.
- PPG-17.5 The kitchen area should be related to the size of the residence, and have a minimum of 11 square metres of floor space.
- PPG-17.6 Conventional domestic equipment should be used in the kitchen of a smaller residence (i.e., 10 or fewer residents).

PP-18 **Provisions for Handicapped Residents**

Guidelines

Building Interior

- PPG-18.1 Where handicapped residents are to be accommodated, the operator should utilize Part 5 of the Ontario Building Code, Building Standards for Handicapped Persons.

Furnishings

- PPG-18.2 For handicapped residents, traction equipment - aids for transferring to and from wheelchairs - should be provided.
- PPG-18.3 Chairs provided for residents using wheelchairs should be solid enough and of the right height to facilitate transfer to and from a wheelchair.

Dining Area

- PPG-18.4 In dining rooms where wheelchairs will be used, 1.8 square metres of space per resident should be provided.
- PPG-18.5 For residents in wheelchairs, shallow cupboards should be provided in dining rooms with sliding doors and shelves within easy reach.
- PPG-18.6 For residents in wheelchairs, a seating space at the dining table of not less than 80 cm should be provided for each wheelchair, and there should be no skirt under the table to prevent the arms of wheelchairs from fitting under it.
- PPG-18.7 Dishes with raised edges should be provided for physically handicapped residents to aid self-feeding.

Sleeping Areas

- PPG-18.8 Handicapped residents should be able to see out of windows from beds or special locomotion devices. Window sills should be 80 cm or less above the floor.

Kitchen

- PPG-18.9 Aisles should be at least 106.5 cm wide to accommodate the required wheelchair turning radius.

Bathrooms

- PPG-18.10 Bathrooms should be designed to accommodate children in wheelchairs according to the provisions of Part 5 of the Building Code, Building Standards for Handicapped Persons.

PP-19

Administrative Office and Secure Storage

PPS-19.1

STANDARD

For security, drugs and records shall be kept in locked cabinets, and only authorized persons shall have access to them.

Guidelines

PPG-19.1

At least one room should be set aside as an administrative office for records, drug storage and control, secretarial work, bookkeeping and consultation with child or parent.

PPG-19.2

Accessibility: The office should be off the central circulation area, convenient to the entrance and adjacent to a staff washroom.

PP-20

Staff Accommodation

(where such accommodation is provided)

Guidelines

PPG-20.1

Residences with live-in staff should provide a small, separate apartment that may be used for staff privacy, while permitting supervision of the residence, consultation with children and parents, and conversion for future program purposes, such as use as a training facility for teenagers capable of increased independence.

PPG-20.2

Orientation: This staff apartment should open onto private outdoor space if possible, for some privacy.

PPG-20.4	Furnishings and Spatial Characteristics: The apartment should be self-contained, with a bathroom and minimal kitchen.
PP-21	Laundry
	<u>Guidelines</u>
PPG-21.1	Orientation: The laundry should have outdoor light and ventilation.
PPG-21.2	Furnishings and Spatial Characteristics: The laundry should have work space for domestic washing equipment along with storage space for washing supplies.
PP-22	Space for Mechanical/Electrical Equipment
	<u>Guidelines</u>
PPG-22.1	Space should be planned to accommodate heating and humidification equipment, the water meter, hot water storage tank and electrical services.
PPG-22.2	Accessibility: The mechanical and electrical equipment area should be convenient to interior and exterior, and centrally located for economic distribution of services.
PPG-22.3	Physical Requirements: The location of mechanical and electrical equipment should be selected to minimize noise reaching the living area, and the furnace room should be kept locked.

PP-23

Storage of Housekeeping SuppliesGuidelines

PPG-23.1

Storage space should be provided for vacuum cleaners, mops, brooms, pails and other equipment and supplies.

PPG-23.2

Accessibility: The storage area should be convenient to activity rooms, lounge and bedrooms.

PPG-23.3

Security: All poisonous, flammable or other harmful substances should be stored in lockable containers. All such substances should be kept on the premises only when absolutely essential for the upkeep of the household, and should be purchased in small quantities to avoid long-term storage.

PP-24

Linen StorageGuideline

PPG-24.1

Storage space should be provided for extra bedding, sleeping bags, towels, toilet paper and supplies.

PP-25

Other StorageGuidelines

PPG-25.1

Separate storage should be provided for out-of-season clothing, exterior furniture and sports equipment, and furniture or equipment temporarily out of use or requiring repair.

Summary

Three issues need to be highlighted in this section. The first concerns fire safety of furnishings and equipment. While the working group addressed this matter, it discovered that there is little or no agreement among the authorities in the field regarding such fundamentals as what constitutes "flammable", let alone identified items that should not be used for safety reasons. In the absence of substantial research in this area, the Ministry will provide information to operators of facilities on a regular basis as it becomes available.

A second matter relates to the use of units in apartment buildings as residential facilities for children. The Ministry believes that such use is permissible, and the Physical Plant standards should not be construed to prohibit such use.

The third issue deserving special attention concerns the use of third floors for sleeping accommodation for children under the age of 16. Both The Children's Institutions Act and The Children's Boarding Homes Act prohibit such use. The rationale for this prohibition has been based on concerns of fire safety and supervision. While the proposed standards in Section 27 -Fire Safety - Structural and Mechanical Specifications - would remove the fire safety concerns by ensuring adequate protection, the normal supervision of children still remains a problem. For this latter reason, the standard outlined in existing legislation is proposed for retention. The Ministry would appreciate specific feedback on this matter in the consultation process.

Compatibility With Existing Legislation

Most existing facilities would meet these proposed standards. While three program areas - children's mental health centres, observation and detention homes, and Children's Aid Society facilities - have been without provincial standards in this area, many of these facilities would conform in practice. However, a number of facilities may not currently conform to standards such as PPS-15.1 (a) and PPS-16.1. In these instances, corrective action such as renovation or a reduction in bed capacity might be necessary.

HEATING, VENTILATION AND LIGHTING

Commentary

The proposed standards and guidelines in this area are fairly straightforward and non-controversial. They will have little impact on current facilities and legislation.

PP-26 **Mechanical and Lighting Systems**

STANDARDS

- PPS-26.1 The heating system shall maintain a minimum temperature of 20 degrees Celsius from October 1 to May 31.
- PPS-26.2 Exterior doors and windows shall be adequately fitted and their frames sufficiently sealed to prevent drafts.
- PPS-26.3 At least once per year all heating equipment shall be serviced by qualified personnel, chimneys shall be cleaned on their recommendation, and a record shall be filed with the Ministry.
- PPS-26.4 Screens shall be provided for all windows and doors except where air-conditioning units make this requirement impractical.

Guidelines

- PPG-26.1 The residence and its landscaping should be planned for natural ventilation and cooling, and mechanical air cooling should be avoided.
- PPG-26.2 Lighting levels and lighting qualities throughout the facility should be sufficient to enable both children and staff to carry out their activities comfortably and safely.

Commentary

The proposed fire safety and health standards represent a significant change in current legislation and practice. For example, where past standards were found to be unmeasurable, they were either redefined or dropped. The net effect of the proposed standards is to increase the level of safety for the residents, increase the flexibility for achieving safety performance levels, and decrease the rigidity of regulations. The standards are based upon the conviction that the health and safety of children must be a matter of paramount importance in any residential facility. While the working group is committed to flexibility in design and the development of normalized environments, it believes that extra precautions must be taken to ensure the health and safety of children.

In developing fire safety standards, three issues had to be addressed. First of all, the standards had to be compatible with other legislation such as the Ontario Building Code. Secondly, the specification of standards had to reflect clearly the conflicts between the standards and matters of cost and program impact. Thirdly, the critical variable of the number of occupants in relation to fire safety coupled with the wide range of facility sizes that currently exists necessitated the development of a typology of facilities for differentiated levels of standards.

At present, the Ontario Building Code (O.B.C.) would treat as a single family dwelling a building with sleeping accommodation for not more than ten persons where the occupants are ambulatory and live as a single housekeeping unit. The proposed standards, however, reflect the working group's belief that the O.B.C. fire safety requirements for a single family are insufficient protection for a unit of this number of persons including children who are of unrelated parentage and have special needs and difficulties. This belief would seem further supported by the view of many practitioners that the children now being served by residential facilities have greater behavioural and emotional difficulties than has been true in the past. Consequently, the working group developed a proposed typology of facilities and associated standards that would more adequately recognize the fire safety needs of various facilities. It is proposed that all facilities be classified by type according to the total sleeping accommodation provided exclusive of staff or the receiving family in the case of parent-operated facilities. The typology is as follows:

Total Occupancy	Type
1 - 4 children	1
5 - 10 children	2
11 - 19 children	3
20 and over	4

It should be understood that the standards that follow will apply to the entire residence, not just to the portion or portions being used for children in care. For example, the children of the receiving family at a parent-operated facility are to receive fire safety protection equal to that enjoyed by children in care.

While it is clearly recognized that the standards would have significant impact in both dollar and program terms, there is also a belief that the proposed standards represent a compromise beyond which the safety of children could be jeopardized.

Additional fire safety standards would apply to facilities accommodating a higher percentage of physically handicapped persons than is found in the general population (one in seven is a figure often used). These standards will be developed in a later document.

Definition of Terms

For clarification, a number of terms used in the standards are defined below:

1. Acceptable exit: An acceptable exit may consist of an interior stairway that is suitably separated from the remainder of the building; a fire escape complying with Article 3.4.8.16 and Sentence 3.4.1.4.(3) of the Ontario Building Code (except for Sentence 3.4.8.16(3)); a doorway to grade, or a stairway to grade from a basement (in a Type 2 facility, a basement does not require this type of exit if the basement is used only to contain the furnace, a laundry area, etc., and is not used for such purposes as sleeping accommodation, a recreation area, or a hobby area for the residents).

An acceptable exit stairway has only one doorway per storey to the stairway and a doorway directly from the stairway to grade, and any door involved in the separation is to be self-closing and reasonably smoke-tight (except for a Type 3 facility, as modified by Article 9.9.7.9. of the Ontario Building Code).

An acceptable exit stairway separation requires a three-quarter-hour fire rating in a Type 3 facility and no fire rating in a Type 2 facility.

2. **Smoke detector and alarm devices:** Interconnected smoke detector and alarm devices are to be the products of combustion type listed by Underwriters' Laboratories of Canada, installed in compliance with the conditions (including the maximum number that may be interconnected), and supplied from the main electrical distribution panel on a separate circuit.

Where a kitchen requires separation, the smoke detector and alarm device for the kitchen is to be adjacent to, but not within the kitchen.

3. **Portable fire extinguishers:** Portable fire extinguishers are also to be those listed by Underwriters' Laboratories of Canada.
4. **Separation:** There are basically two types of separation, one that requires a fire rating, and usually structural elements or changes, and one without a fire rating. In this latter case, a separation may merely refer to a door that is reasonably smoke-tight for every room.

The specific ways in which separation of floors can be achieved often require expert advice. For example, in homes of back-split construction, the floor involved is often not viewed as a separate floor or second storey.

PP-27

Fire Safety - Structural and Mechanical Specifications

STANDARDS

PPS-27.1

Every Type 1 residential facility shall make the following provisions:

- a) a single acceptable exit from the first storey, except that a Type 2 exit requirement shall apply to a third floor where this floor provides sleeping accommodation for one or more children
- b) a single station smoke detector and alarm device between bedrooms and the remainder of the building (ref. Article 9.10 18.13 Ontario Building Code).

PPS-27.2

Every Type 2 residential facility shall make the following provisions:

- a) There shall be separation for the furnace and kitchen if a bedroom is on same floor, separation for bedrooms, and separation of floors. (These separations do not require a fire rating.)
- b) All doors used in the separation shall be self-closing except for bedroom doors.
- c) Each storey of the building shall have a single acceptable exit.
- d) The building shall have interconnected smoke detector and alarm devices for areas requiring separation and at stairways.
- e) Interior finishes shall conform to the requirements of the O.B.C. (ref. 9.10.17).
- f) The kitchen shall have a 2A10BC-rated fire extinguisher.

PPS-27.3

Every Type 3 residential facility shall make the following provisions:

- a) The building shall have a one-hour separation for the furnace.
- b) The building shall have a three-quarter-hour separation for bedrooms and corridors serving bedrooms.
- c) The building shall have a separation for the kitchen if a bedroom is on the same floor (no fire rating required).
- d) The building doors in these separations shall be self-closing except for bedroom doors.
- f) The building shall provide two acceptable exits from each storey.
- g) The building shall provide a B2 occupancy fire alarm system (ref. Subsection 3.2.4 and Article 3.2.4.6 of the O.B.C.).
- h) The building shall have a fire rating (ref. O.B.C. Table 9.10.8.A for C occupancy).

- i) All interior finishes shall conform to the requirements of the O.B.C. (ref. 9.10.17).
- j) The building shall contain fire extinguishers as per O.B.C. Article 6.7.3.10 for light hazard occupancy.

PPS-27.4

Every Type 4 residential facility shall conform to the requirements set forth in Part 3 of the Ontario Building Code for B2 occupancy.

PPS-27.5

Every Type 2, 3 or 4 residential facility located in a municipality that does not have public fire protection shall be provided with a complete automatic sprinkler system in accordance with the Ontario Building Code.

PP-28

Fire Safety Measures and Procedures

STANDARD

PPS-28.1

In every Type 2, 3 and 4 residential facility, plus Type 1 where specifically indicated, the operator shall ensure that the following fire safety measures are undertaken:

- a) The fire protection equipment, including a sprinkler system, fire extinguishers, hose and stand pipe equipment shall be inspected at least once a month, and a record kept of such inspection, and this equipment shall be serviced at least once a year by qualified personnel and a record filed with the Ministry.
- b) The fire alarm system shall be tested at least once a month and the testing recorded, and the alarm system shall be inspected at least once a year by qualified fire alarm maintenance personnel and a record filed with the Ministry.
- c) The staff shall be trained in the proper use of fire extinguishing equipment, and the training documented.
- d) Staff and residents shall be instructed in a procedure to be followed when a fire alarm is given and their respective duties are to be understood by all. The procedure shall be posted in conspicuous places in the facility and practiced and recorded at least once per month using the fire alarm to initiate the drill. (T1)

- e) An inspection of the building, including equipment in the kitchen and laundry, shall be made each night and recorded in the daily log to ensure that there is no danger of fire and that all doors to stairwells, all fire doors and all smoke barrier doors are kept closed.
- f) All exits shall be clear and unobstructed at all times. (T1)
- g) Receptacles into which electric irons are plugged shall be equipped with pilot lights.
- h) Flammable liquids and paint supplies shall be stored in lockable, non-combustible cabinets. (T1)
- i) Large non-combustible ash trays shall be provided where smoking is permitted.
- j) No sprinkler heads or fire detector heads shall be painted. (T1)

Guidelines

- PPG-28.1 Combustible rubbish should be kept to a minimum in all facilities.
- PPG-28.2 Lint traps in the laundry should be cleaned out after use of the equipment in all facilities.

PP-29 **Health Protections**

STANDARD

- PPS-29.1 In every Type 2, 3 and 4 residential facility, plus Type 1 facilities where specifically indicated, the operator shall ensure the following health protections of residents:
- a) All poisonous and hazardous substances shall be kept in lockable cabinets and purchased in quantities to avoid long-term storage. (T1)

- b) Any harmful substances and objects not essential to the operation of the facility shall not be kept in the facility. (T1)
- c) Firearms shall not be kept on the premises.
- d) The operator of a facility shall ensure that any person suffering from a communicable disease shall be isolated from other residents of the facility who have not been infected, and that any member of the direct care staff suffering the disease is given sick leave from employment.
- e) The operator of a facility shall ensure the provision of the adequate and sanitary supply of drinking water as determined by the local medical officer of health.

Summary

Consideration is being given to requiring that all existing residential facilities comply with the fire alarm and fire extinguisher standards within six months of the date on which the standards come into force and all other fire safety standards within one year of that date. All new residential facilities would be required to comply with the fire safety standards from the date on which they come into force.

The Children's Services Division recognizes that the proposed fire safety standards may well be controversial. The proposed standards do have financial implications for both the Division and facility operators. However, the proposed standards may well have the effect of encouraging a reduction in the size of many current facilities in line with the Division's overall thrust of encouraging the development of small community-based residential facilities. The standards are being put forth for discussion in the hope of focussing attention of the issue of fire safety.

Compatibility With Existing Legislation

In regard to the proposed health standards, only standards PPS-29.1(b) - hazardous substances - and PPS-29.1(c) - prohibition of firearms - will be additions to either current legislation or common practice. It should further be noted that facilities will still be subject to the guidelines in use by local public health units under the direction of the medical officer of health.

The fire safety standards will require changes in both legislation and practice. While the changes have been previously noted in the summary section, it should be highlighted that Type 2 facilities will be affected the most although there are some specific changes for Type 1 and Type 3 facilities.

Another legislative change that will be needed involves the Ontario Building Code. As previously noted, sleeping accommodation for 10 or fewer persons is the current dividing line in the Code. The proposed typology suggests that while the fire safety standards should be raised, the number should be related to the number of children in the residence not including the staff or receiving family.

MONITORING AND COMPLIANCE ISSUES

The development of adequate means for the monitoring and enforcement of residential care standards will be the real test of commitment to high-quality care. In the area of Physical Plant standards, the selected means will be complicated by a series of historical relationships and issues between the Ministry and other authorities. In this section, background information on three major issues will be presented.

In the past, the Ministry has relied upon a number of local authorities for inspection and certification of compliance with regard to physical plant matters. A review of current legislation reveals four common inspection and certification standards, three of which involve local authorities, for residential facilities. While the exact wording varies from Act to Act, these standards are:

- An annual certificate or letter shall be obtained by the operator from the local medical officer of health certifying that he/she has inspected the facility and in his/her opinion the facility complies with the applicable health standards.
- An annual certificate or letter shall be obtained by the operator from an officer authorized to inspect buildings for fire hazards verifying that the facility meets an appropriate level of fire safety.
- A certificate shall be obtained from an officer authorized to enforce the Electrical Safety Code (Ontario) verifying that all electrical installations and wiring conform to an appropriate level of safety and is required every three years.
- Every children's residential facility and its records shall at all times be open to inspection by a person authorized under the Act and all recommendations shall be carried out.

This historical reliance on other authorities has had both advantages and disadvantages. The major advantages have been:

- lack of need to expand the provincial civil service in order to provide the inspection function directly
- encouragement of facility operators to develop co-operative relationships with local authorities such as fire departments and public health units
- adjustment of standards to meet variations in local conditions and circumstances.

On the other hand, this reliance has resulted in the following disadvantages:

- lack of uniformity across the province resulting from varying interpretations of existing standards, e.g., "appropriate" level of fire safety, and local inspection capacities
- unwillingness of many local authorities to inspect on the basis of provincial regulations as opposed to local by-laws.

While the reliance on other authorities has certain positive features, the net result has been a dilution of the standards. Unless this dilemma is squarely faced in the future, the proposed standards may have a similar fate.

Where plan submission and provincial plan approval have been required prior to licensing, some of these difficulties have been partially overcome. In these instances, a thorough review of the physical structure was undertaken and initial compliance with standards was ensured. However, many facilities, children's boarding homes being the most notable, have never been subject to a plan approval process. While a required plan approval process for all new facilities and a one-shot review of existing facilities should be a useful approach, ongoing compliance still remains a problem.

A second major inspection and compliance issue pertains to Type 1 facilities such as foster homes for fewer than three children. These facilities currently constitute the most common form of residential facility, but will not be subject to licensing under The Children's Residential Services Act.

Finally, the long-term objective should be to encourage the inclusion of Physical Plant standards for residential care facilities into other existing codes such as the Ontario Building Code and the provincial fire safety code currently under development. This will contribute to uniformity and eliminate multiple jurisdictions. This will require, however, that such codes more adequately recognize the specific nature of the facilities involved.

Section 2 outlines the proposed approach to monitoring of compliance with the standards. Given the special nature of fire safety standards and the need for specialized inspection expertise, the following procedure is proposed for the monitoring of compliance with the Physical Plant standards:

1. All new facilities or facilities converted for use as a children's residential facility following the date on which the standards come into force would be required to submit detailed plans for provincial review, comment, and approval. Inspections following completion or conversion of the facility would be carried out by provincial staff to ensure compliance with PPS-28.1 and PPS-29.1. Facilities would then be reviewed every three years consistent with the overall review process.

2. All existing facilities would be reviewed by provincial inspectors to determine the degree of compliance with the proposed standards and a plan for upgrading facilities would be formulated particularly in regard to PPS-27.1 to PPS-27.5. The existing facilities would then fall into the regular three-year review cycle.
3. Monitoring in relation to PPS-28.1 and PPS-29.1 would occur annually, and inspections would be undertaken by local authorities such as fire departments and public health units where these are agreeable to such authorities. Past experience would indicate that this provincial-local co-operation is not only practical but also beneficial to all concerned. The details of this arrangement and any necessary contingency plans can be developed over the next few months.
4. The long-term objective would be to encourage the incorporation of Physical Plant standards for residential care facilities into other existing codes such as the Ontario Building Code and the provincial Fire Safety Code currently under development. This would contribute to uniformity and eliminate multiple standard-setting and inspection jurisdictions.

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11. THE CONSULTATION PROCESS

The Ministry of Community and Social Services hopes that operators of children's services throughout Ontario, and particularly those whose services will be affected by the initial set of standards and guidelines proposed for residential care, will be encouraged to review the contents of this paper and the approach being taken to the development of standards and guidelines. The four Area Planning Co-ordinators, Children's Services, together with staff of the Standards and Information Systems Group, will be arranging meetings in different parts of the province over the next several months to provide the opportunity for service deliverers to present their views to the Division.

A tightly organized consultation process will be essential. This paper and the residential care standards and guidelines are expected to generate great interest and many inquiries. Moreover, requirements in the standards are to be incorporated as soon as possible into regulations under the new Residential Children's Services Act. The Division therefore plans to organize the consultation process as follows:

1. Meetings will be held where Division staff will answer inquiries concerning the approach taken to standards development and the specific content of the residential care standards and guidelines. The meetings will be organized to bring together with Division representatives groups and individuals having a common focus of interest, for example, providing services in the same community or region, or offering the same type of programs.
2. All those interested are invited to make written submissions to the Division outlining general observations and concerns, and offering detailed comments on specific standards and guidelines for review by the Standards and Information Systems Group. To concentrate their efforts to best effect, the Division suggests that those sharing a common interest or concern set up committees for joint study of the material, and as much as possible, consolidate their written responses to the Division.

The Division requests groups and individuals wishing to take part in the consultation process to notify the Division of their interest as soon as possible.

Written inquiries concerning the meetings to be conducted during the consultation process by staff of the Standards and Information Systems Group should be directed to:

Mr. Ray Lazanik
Project Manager
Standards and Information Systems Group
700 Bay Street, 11th Floor
TORONTO, Ontario
M7A 1E9

as soon as possible.

Written inquiries about the content of the paper and the residential care standards and guidelines should be directed to the Children's Services Division of the Ministry of Community and Social Services in care of:

Mr. Michael Ozerkevich
Senior Policy Advisor
Children's Services Division
700 Bay Street, 11th Floor
TORONTO, Ontario
M7A 1E9

All general comments and specific observations about the content of the paper and the residential care standards and guidelines should be mailed to the Division in care of:

Consultation Task Force
Children's Services Division
700 Bay Street, 12th Floor
TORONTO, Ontario
M7A 1E9

and be in our hands no later than April 1, 1979.

APPENDIX A**GLOSSARY****Admission Study**

A documented process of ensuring that sufficient preparations and arrangements have been made prior to admission to ensure that a program will be able to address the needs of a particular child appropriately.

Assessment

A process of examining and attempting to understand a child and his situation in order to determine whether assistance is needed, and the most appropriate form of assistance when this is required, and to facilitate the arranging of service provision.

Aversive Stimuli

Noxious or painful responses including:

- a) painful or unpleasant body contact
- b) unpleasant-tasting foodstuff
- c) time-out
- d) direct application of unpleasant physical stimulation.

Basic Care

The core or essential elements of residential programming for children that any residential program can be expected to provide.

Behavioural Intervention Procedures And Techniques

A variety of procedures and techniques based upon learning theory, and often the results of research and experimentation on the systematic application of reward and punishment that are applied with the intention of altering a child's pattern of behaviour.

Case Manager

The service worker responsible for placement and ongoing supervision of a child in care.

Case Record

A unified, comprehensive and personally identifiable collection of information gathered by a program pertaining to an individual child who is, or has been, in the care of the program.

Children in Care	Those children, including infants, youths and adolescents, who have been placed in a residential program for the purpose of receiving ongoing care and supervision on a live-in basis.
Consultant	A person experienced and knowledgeable in a subject or field who is engaged to provide advice and make recommendations concerning the operation of a program or the provision of care. The consultant does not normally carry direct responsibility for the operation of the program or delivery of service.
Control	The placing of constraints on a child who is unable to exercise sufficient self-control within prescribed limits.
Core Team	The direct care workers who come in constant daily contact with the children while they are in residence.
Director	A member of a board of directors for a children's residence.
Direct Care Worker	Any person whose primary responsibility is direct and ongoing involvement in the daily experience of the children.
Discipline	The degree of established order maintained, or the act of maintaining order, in a program.
Documentation	Written evidence of the occurrence of an action or event, or the existence of some state of affairs.

Facility	The plant, including buildings, grounds, supplies and equipment that are used or occupied by an organization.
Generic	Relating to, or characteristic of, a whole group or class of items, activities or disciplines.
Grievance Procedures	<u>Children's Grievance Procedure</u> A series of steps designed to ensure that a child is able to voice, in an appropriate way, disagreements and problems related to the program.
	<u>Employee Grievance Procedure</u> A series of steps designed to ensure that an employee is able to voice, in an appropriate way, disagreements and problems relating to his or her employment.
Guideline	A statement recommending a preferred level of care or performance.
Human Resources	All workers concerned with the care of the children in a residential facility.
Mechanical Restraint	Restraint with the use of physical devices such as handcuffs.
Ministry	The Ministry of Community and Social Services of the Government of Ontario.
Normative (Normalized)	Those patterns that typically or conventionally characterize daily living in a community or culture.

Operator	A person, corporation or government ministry providing residential care services for children. The operator holds the licence or licences for the facility or facilities providing such services.
Parent(s) or Guardian	A child's natural, foster or surrogate parent(s), or any person who is under a legal duty to provide for or supervise a child.
Parent Model Residence	A residence staffed by one or two live-in adults acting as full-time parents, with provision for occasional relief.
Permanent Employee	An employee who has satisfactorily completed a probationary period on the job.
Placement Agreement	A written document, including authorizations, agreements and arrangements related to the placement and care of a child, and signed, wherever possible, by the child, his or her parent(s) or guardian, the case manager and appropriate program staff.
Plan Of Care	A written, individualized, time-limited and goal-oriented statement setting out the specific means for matching program activities with a child's particular needs and situation.
Program	See definition of "residential care program". Also used as a shorthand reference to those persons responsible for the planning and operation of the program.
Prime Worker	A caregiver within a residential program assigned to a child on admission to provide a single point of accountability for the child and to act as an advocate for the child's interests while he or she is in the program.

Program Director	The person with direct overall responsibility for the day-to-day operation of a program.
Program Staff	All persons involved in the day-to-day operation of the program, including cooks, drivers, volunteers and professional workers, where applicable, as well as caregivers.
Program Statement	A written statement developed by each residential program describing and explaining the various aspects of the program's overall orientation, practices and procedures.
Punishment	A purposive negative response to a breach of a rule or to the exhibiting of undesirable behaviour by a child.
Recording	The act of putting into written form a representation of an action or event that has occurred, or the existence of some state of affairs.
Reporting	The act of informing another person or organization of the occurrence of an action or event, or the existence of some state of affairs.
Residential Care Program (or "program")	A combination of activities and procedures carried out with the purpose of enabling the children in care to function successfully within the community, or in a manner reasonably commensurate with their potential development.
Secure Care Program	A program that regularly provides a closed environment by the locking of the facility, or reserves the option of locking the external doors of the facility from time to time.

Shift Model Residence	A residence with a number of full-time and, sometimes, part-time staff who work on a scheduled rotation basis.
Specialized Program (or Specialized Programming)	A program that offers in-residence SPECIALIZED SERVICES, or serves a specialized function for children whom a primarily basic care orientation is not appropriate.
Specialized Services	Services for children in residential care over and above those outlined as constituting basic care.
Standard	A statement defining a minimum acceptable level of care or performance.
Treatment Strategy	An orientation, technique or series of procedures, over and above the provisions of basic care, that is employed with the intention of bringing about some change in the physical, psychological or emotional functioning of a child.

APPENDIX B**SUMMARY OF DOCUMENTATION REQUIRED BY THE STANDARDS**

1. summary of documents and writings to be submitted to the Ministry of Community and Social Services
2. "one-shot" documents
3. semi-permanent in-house documents
4. periodic writings: entries, reports, review
5. plans and studies
6. written policies subject to periodic review
7. occurrence entries, records and reports.

Each asterisk (*) below indicates a writing or documentation thought already to be customarily performed in well-managed residential care facilities.

Summary of Documents and Writings to be Submitted to the Ministry

1. Statement of objection by advisory board to governing body's conduct See: OMS-04.3.
2. * Report on use of prohibited forms of discipline, punishment and control See: BCPS-19.3.
3. * Licence application documents See: CIS-01.1
PPS-01.1.
4. * Treatment strategy plan See: SPS-01.1
5. * Monthly record of number of children in care See: BCPS-33.1.
6. * Register of all children in care
(Submitted only at request of Ministry) See: OMS-25.3.
7. * Financial statements
(prepared quarterly and submitted annually) See: OMS-24.2.

8.	Report to Ministry within 24 hours or next working day after	
	a) serious accident involving a child b) incidents of serious staff misconduct or abuse of children c) disasters such as fire, or d) death of child.	See: BCPS-35.4.
9.	Record of annual heating system and fire safety equipment inspections	See: PPS-26.3 PPS-28.1.
10.	Monthly record of fire alarm tests	See: PPS-28.1.
11.	Quarterly review of locked isolation rooms	See: SPS-03.2.
12.	Annual audit (required only on request of Ministry)	See: OMS-24.3.

"One-Shot" Documents

Licence application documents include:

1. Prelicensing documentation during process of facility planning of:
 - a) program purpose
 - b) documentation of need for residential facility
 - c) documentation of available facilities and services in community
 - d) written evidence of consultation with community service agencies
 - e) identification of similar or related facilities in neighbourhood
 - f) description of proposed neighbourhood where facility is to be located
 - g) identification of persons consulted in local government and other relevant bodies
 - h) plan for securing neighbourhood acceptance.
2. Licence application including:
 - a) description of ways in which proposed site location will benefit children to be served
 - b) identification of permitted uses of the site under existing zoning by-laws
 - c) copy of site plan and sketch of floor plan of proposed facility
 - d) description of way in which the facility will be physically consistent with the neighbourhood in which it is located

Semi-Permanent In-House Documents

1. * Statement of purpose
(Subject to annual review) See: CIS-01.1.
2. * Program statement See: BCPS-01.1,
01.3, 20.1, 21.1
and SPS-03.4.
3. * Organizational chart
(permanent; altered only where structures change) See: OMS-07.1.
4. * Fire alarm procedures
(Must be posted) See: PPS-28.1.

Periodic Writings: Entries, Reports, Reviews

Daily Frequency

1. * Daily log entries recording program changes, significant events, nightly inspection, etc. See: OMS-12.1,
BCPS-34.1 and
35.1.

Monthly Frequency

2. * Record monthly fire drill See: PPS-28.1.
3. * Monthly record of number of children in care
(submitted to the Ministry.) See: BCPS-33.1.

Quarterly Frequency

4. * Quarterly financial reports See: OMS-24.2.
5. * Review of plan of care every 90 days See: BCPS-07.3.
6. * Performance evaluation (probationary employee)
(at least every third month) See: HRS-22.1,
and OMS-18.1.
7. * Quarterly review of use of locked isolation rooms See: SPS-03.2.

Annual Frequency

- | | | | |
|-----|---|--|------------------------------|
| 8. | * | Record annual inspection of fire alarm and protective equipment | See: PPS-28.1. |
| 9. | * | Annual report of governing body | See: OMS-03.2. |
| 10. | * | Annual report of advisory board | See: OMS-04.2. |
| 11. | * | Performance evaluation (permanent employee) (at least annually) | See: HRS-22.2, and OMS-18.1. |
| 12. | * | Individual staff training plans (must be reviewed annually and a record made of that review) | See: HRS-19.1, to 19.3. |
| 13. | * | Self-assessment and training plan in parent-model homes | See: HRS-19.5. |
| 14. | * | Annual review of program statement (may or may not require documentation) | See: BCPS-01.1. |
| 15. | * | Annual budget | See: OMS-08.1. |

Plans and Studies

(Listed in order of estimated frequency)

- | | | | |
|----|---|---|---------------------------|
| 1. | * | Admission study (prepared with each child's admission) | See: BCPS-05.2. |
| 2. | * | Plan of care (individual) (prepared for individual child, reviewed every 90 days, review process to be recorded.) | See: BCPS-07.1, and 07.3. |
| 3. | * | Treatment strategy plan (submitted to Ministry for approval) | See: SPS-01.1. |
| 4. | * | Individual staff training plan (reviewed annually, review process recorded) | See: HRS-19.1, to 19.3. |
| 5. | * | Facility food preparation and serving plan | See: BCPS-10.1 |
| 6. | * | Discharge plan (part of plan of care required by BCPS-07.1, reviewed every 90 days) | See: BCPS-36.1. |
| 7. | * | Aftercare plan (part of plan of care required by BCPS-07.1) | See: BCPS-37.1. |

Written Policies

1. Community integration policies including:
 - a) access to responsible agent of the facility
 - b) procedures to ensure operation of the facility compatible with neighbourhood, and
 - c) participation in community activities.See: CIS-02.1,
03.1, 04.1.

2. * Employee code of conduct - discipline policies See: OMS-19.1.
3. * Employee grievance procedure policy See: OMS-20.1
4. * Children's grievance procedure policy See: BCPS-25.1.
5. * Admission policies See: BCPS-04.1.
6. * Discipline, punishment and control policies and procedures See: BCPS-19.1,
and 19.4, SPS-03.2
7. * Personnel administrative policies including:
 - a) hours
 - b) vacations
 - c) leaves of absence.See: OMS-21.1.

8. * Job descriptions See: OMS-14.1.
9. * Health program See: BCPS-18.1

Note: Organization and Management standards OMS-11.1 requires "administration" and "program" manuals. These manuals essentially act as collecting places for the writings required throughout the standards.

Occurrence Entries, Records and Reports

1. * Minutes of meetings of governing body and advisory board See: OMS-25.1.
2. * Record inspections, tests, drills of fire safety equipment See: PPS-28.1.
3. * Document staff training in use of fire extinguishing equipment and other emergency procedures See: PPS-28.1,
and HRS-18.1

4.	*	Written statement of objection by advisory board to governing body's conduct (submitted to Ministry)	See: OMS-04.3.
5.	*	Written placement agreement recording reasons where applicable why involvement of interested parties is not possible feasible or desirable.	See: BCPS-05.4, and BCPS-05.5.
6.	*	Record of request for a review of placement agreement	See: BCPS-05.6.
7.	*	Written account of use of prohibited forms of discipline, punishment and control (report submitted to the Ministry)	See: BCPS-19.3.
8.	*	List of type and amount of clothing required for each child	See: BCPS-11.1.
9.	*	Record and report suspected child abuse or neglect (to be submitted to CAS)	See: BCPS-35.4.
10.	*	Record limits on use of child's personal belongings if any (forms part of child's case record)	See: BCPS-17.1.
11.	*	Document when child is a clear and substantial danger to self and others, document plans and strategies	See: BCPS-04.4.
12.	*	Document use of specialized services	See: BCPS-28.1.
13.	*	Record of all medication given	See: BCPS-18.8.
14.	*	Record of all funding and expenditures	See: OMS-24.1.
15.	*	Report to Ministry within 24 hours or next working day after serious accident or incident.	See: BCPS-35.4.
16.	*	Personnel file entries re: training, probationary period, orientation to manuals and facility	See: OMS-17.1, 17.2, 25.2, HRS-19.4, BCPS-18.2, 18.3.
17.	*	Maintainng child case records including record of initial physical examination on entry into facility medical and dental records, and recording of disposition or transfer of child	See: OMS-25.4, BCPS-05.2, 05.5, 05.7, 05.8, 06.1, 07.1,07.3,18.5, 29.1, 36.2.
18.	*	Record each use of case record	See: BCPS-30.1.

- | | | |
|-----|---|-----------------|
| 19. | * Record review of case record by program director | See: BCPS-31.1. |
| 20. | * Review of discharge plan
(may not require writing) | See: BCPS-36.1. |
| 21. | * Response in writing to referring person and agency to be made within 21 days | See: BCPS-05.3. |
| 22. | * Register of all children admitted to care
(submitted to Ministry on request) | See: OMS-25.3. |

APPENDIX C

ACTS AND CODES CITED

RESPONSIBLE AUTHORITIES

(Ministries of the Government of Ontario except where otherwise indicated)

Introduction

The proposed
Children's Residential Services Act

Ministry of Community and Social Services

Children's Rights

The Ontario Human Rights Code

Ministry of Labour

The Criminal Code of Canada

Department of Justice, Government of Canada

The Child Welfare Act

Ministry of Community and Social Services

The Education Act

Ministry of Education

The Public Hospitals Act

Ministry of Health

The Children's Institutions Act

Ministry of Community and Social Services

Organization and Management

The Charitable Institutions Act

Ministry of Community and Social Services

The Children's Institutions Act

Ministry of Community and Social Services

The Training Schools Act

Ministry of Community and Social Services

The Corporations Act

Ministry of Consumer and Commercial Relations

The Children's Boarding Homes Act

Ministry of Community and Social Services

The Ontario Human Rights Code

Ministry of Labour

The Public Accountancy Act

Ministry of the Attorney General

The Workmen's Compensation Act

Ministry of Labour

Programming

The Education Act

Ministry of Education

The Child Welfare Act

Ministry of Community and Social Services

<u>The Industrial Safety Act</u>	Ministry of Labour
<u>The Employment Standards Act</u>	Ministry of Labour
<u>The Coroners Act</u>	Ministry of the Solicitor General
<u>The Children's Mental Health Centres Act</u>	Ministry of Community and Social Services
<u>The Training Schools Act</u>	Ministry of Community and Social Services
Human Resources	
<u>The Child Welfare Act</u>	Ministry of Community and Social Services
Community Integration	
<u>The Planning Act</u>	Ministry of Housing and Ministry of Treasury and Economics
Physical Plant	
<u>The proposed Children's Residential Services Act</u>	Ministry of Community and Social Services
<u>The Ontario Building Code</u>	Ministry of Consumer and Commercial Relations
<u>The Municipal Act</u>	Ministry of Intergovernmental Affairs
<u>The Planning Act</u>	Ministry of Housing and Ministry of Treasury and Economics
<u>The Public Health Act</u>	Ministry of Health
<u>The Fire Marshal's Act</u>	Ministry of the Solicitor General
<u>The Electrical Safety Code</u>	Ministry of Energy
<u>The Children's Institutions Act</u>	Ministry of Community and Social Services
<u>The Children's Boarding Homes Act</u>	Ministry of Community and Social Services

Copies of all provincial Acts cited are available from:

Ontario Government Book Store
Publications Centre
880 Bay Street, 5th Floor
Toronto, Ontario
M5S 1Z8

The Criminal Code of Canada can be obtained through various commercial law book companies.

The Ontario Building Code is available from:

Building Code Branch
Technical Standards Division
Ministry of Consumer and Commercial Relations
400 University Avenue
Toronto, Ontario
M7A 2J9

The Electrical Safety Code is available from:

Electrical Inspection Department
Ontario Hydro
700 University Avenue, 7th Floor
Toronto, Ontario
M5G 1X6

The Canada Food Guide, cited in Programming, is available from all branches of the Department of National Health and Welfare of the Government of Canada, or from:

Ontario Ministry of Health
Communications Branch
9th Floor
Hepburn Block, Queens Park
Toronto, Ontario
M7A 1S2

APPENDIX D

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State of Kansas, Department of Health and Environment. Regulations for licensing private child placing agencies. January 1, 1972.

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